No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1779

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5769 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindley Twp.
c. LENGTH OF STAY (In this place): All life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 miles N. E. of Cainsville Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindley Twp. 0650
d. STREET ADDRESS (If rural, give location): 7 miles N. E. of Cainsville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Essie
b. (Middle): Sallee
c. (Last): Elmore

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct., 20 1887
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Mercer Co., Missouri.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Sallee
13b. MOTHER'S MAIDEN NAME: Mary Seymour
14. NAME OF HUSBAND OR WIFE: Clarence Elmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 480-20-5650
17. INFORMANT'S SIGNATURE OR NAME: Clarence Elmore — ADDRESS: Cainsville, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1st, 1954, *to* Jan 28th, 1955, *that I last saw the deceased alive on* Jan 28th, 1955, *and that death occurred at* 12:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE Oliver F. Duffy (Degree or title) D.
23b. ADDRESS: Trenton, Missouri.
23c. DATE SIGNED: 1/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30 1955
24c. NAME OF CEMETERY OR CREMATORY: Freedom Cemetery
24d. LOCATION (City, town, or county) (State): RFD Cainsville, Mo.

DATE REC'D BY LOCAL REG. 2-5-55
REGISTRAR'S SIGNATURE: Hal Mass 393
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Eddie J. Stoklasa Student Embalmer No. _____ working under my personal supervision.

Student ..... Student Embalmer

Signed E. J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.