

FILED JUL 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 25580

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4423 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>State Mo</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. CITY OR TOWN <u>Steele</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>780</u> <u>Highland St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>		b. (Middle) <u>Carley</u>	
c. (Last) _____		DATE OF DEATH (Month) (Day) (Year) <u>7-6-57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-16-1916</u>
9. AGE (In years last birthday) <u>40</u>		Months <u>8</u>	Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Chick Co. Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter Hurst</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Stame</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Carley</u>		_____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Walter Hurst Steele Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis & insufficiency several yrs.</u> DUE TO (c) <u>Atrial fibrillation 2 wks.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>D.O.A.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>410X</u>		_____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 10 1950</u> , to <u>June 27 1957</u> , that I last saw the deceased alive on <u>July 5 1957</u> and that death occurred at <u>8:20 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert Barlett</u>		23b. ADDRESS <u>Steele, Mo.</u>	
23c. DATE SIGNED <u>8 July 1957</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-22-57</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Guntle Steele Mo</u>	

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

7-205-57

JUL 25 1957

PELAISSOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 24 1958

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John H. Herman

Licensed Embalmer No. 435
P. O. Address Hayti

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.