

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20374

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4963 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview</u>	
c. LENGTH OF STAY (in this place) <u>60 yr</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED a. (First) <u>Augusta</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Embrey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>12/2/1956</u>
9. AGE (in years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Simonion Hieleg</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Arnold</u>	14. NAME OF HUSBAND OR WIFE <u>William R Embrey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fred Reece</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>Prolonged Illness + Malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>	
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 <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>April 12th, 1948</u> , to <u>May 20th, 1949</u> , that I last saw the deceased alive on <u>May 19th, 1949</u> , and that death occurred at <u>4:45 P. m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>		23b. ADDRESS <u>Glesko, Mo</u>	23c. DATE SIGNED <u>5/24/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West of Fairview Mo</u>
DATE REC'D BY LOCAL REG. <u>6-6-1949</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	369	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Morris Ogden Wheaton, Mo</u>

RECEIVED
District Health Officer No. *6419-108*
District File Number *6419-108*
Date Filed *JUN 13 1949*

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 _____

James Kenyth Duncan Student Embalmer No. *308*
working under my personal supervision.

Signed *James Kenyth Duncan*
Student Embalmer

Signed *Wm Morris Pope*
Licensed Embalmer No. *3447*
P. O. Address *Wheaton, Mo.*

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