

FILED AUG 6 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 24130

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 3044		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		d. STREET ADDRESS (If rural, give location) 801 So Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 So Grand							
3. NAME OF DECEASED (Type or Print) a. (First) Amanda			b. (Middle) - Soursley			c. (Last)	
4. DATE OF DEATH July 29 - 1949							
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 4 - 1870	
9. AGE (in years) last birthday 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Morgan Co Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Farris		13b. MOTHER'S MAIDEN NAME Martha Bond		14. NAME OF HUSBAND OR WIFE Bud Soursley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Geneva McKinley ELDON 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma colon with obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 18 3/4	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none			
21d. TIME OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from Jan 1947, to July 29 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 6:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE E. O. Shelton Jr.				23b. ADDRESS ELDON Mo		23c. DATE SIGNED 30 July 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-31-49		24c. NAME OF CEMETERY OR CREMATORY ELDON Cem.		24d. LOCATION (City, town, or county) (State) ELDON Mo.	
DATE REC'D BY LOCAL REG. July 30, 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS ELDON Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

X-

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
AUG 1 1949

SEP 3 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 \_\_\_\_\_

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

Student .....  
Student Embalmer

Signed *Keith M. Gays*  
Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.