

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43406

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BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 1172B Registrar's No. 24

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ILLMO	c. LENGTH OF STAY (In this place) 35 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ILLMO	
d. FULL NAME OF HOSPITAL OR INSTITUTION: AT HOME		d. STREET ADDRESS (If rural, give location) 80	
3. NAME OF DECEASED a. (First) PEARL b. (Middle) LUVINA c. (Last) ETHERTON			4. DATE OF DEATH (Month) (Day) (Year) DEC 18 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 3, 1909
9. AGE (In years last birthday) 41		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR	10b. KIND OF BUSINESS OR INDUSTRY GARMENT
11. BIRTHPLACE (State or foreign country) NEAR BENTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME FRANCIS SIMMONS		13b. MOTHER'S MAIDEN NAME CAROLINE FULBRIGHT	14. NAME OF HUSBAND OR WIFE LLOYD ETHERTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Etherton Illmo, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterus & Cervix ANTECEDENT CAUSES DUE TO (b) Pericarditis DUE TO (c) Hypertrophy Rt Kidney 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	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) Illmo Scott Mo	
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 12/18, 1949, to 12/18, 1949, that I last saw the deceased alive on D.O.B., 19__, and that death occurred at ? m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Lee M.D.		23b. ADDRESS Illmo Mo	23c. DATE SIGNED 12/14/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 20, 1949	24c. NAME OF CEMETERY OR CREMATORY POLLARD	24d. LOCATION (City, town, or county) (State) SCOTT COUNTY MO
DATE REC'D BY LOCAL REG. 12-27-49	REGISTRAR'S SIGNATURE 2. 2. W	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 300 Displinghoff Funeral Home Illmo, Mo	

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

RECEIVED DEC 27 1949
Public Health Office No. 2
State File Number 1249-128
Case File _____

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 Oliver C Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.