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

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18114

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4918

1. PLACE OF DEATH
a. COUNTY ___
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Richland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Olney
d. STREET ADDRESS (If rural, give location) 609 e South Avenue.,

3. NAME OF DECEASED (Type or Print)
a. (First) Mayme
b. (Middle) E.
c. (Last) Densmore

4. DATE OF DEATH (Month) (Day) (Year) June 3, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 23 1881
9. AGE (In years last birthday) 69 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Lawrence County, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Emsley
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Morgan
14. NAME OF HUSBAND OR WIFE Frank Densmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Frank Densmore — **ADDRESS** Olney, Illinois

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Abdominal carcinomatosis

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 [X] 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 May 31, 1950, *to* June 3, 19 50, *that I last saw the deceased alive on* June 3, 19 50, *and that death occurred at* 9:15Am., *from the causes and on the date stated above.*

23a. SIGNATURE J Bradley **(Degree or title)** MD
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 6/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-3-50
24c. NAME OF CEMETERY OR CREMATORY Haven Hill
24d. LOCATION (City, town, or county) (State) Olney Illinois

DATE REC'D BY LOCAL REG. JUN 4 1950
REGISTRAR'S SIGNATURE J B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington Blvd

(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.....

.....,

working under my personal supervision.

Student-Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 7971

P. O. Address.....

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

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