

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20873**

FILED JUL 10 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **5211** Registrar's No. **8**

0600

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

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stella Rural</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stella Rural Mo</b>	
		d. STREET ADDRESS (If rural, give location) <b>Eltham Trwp</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b>		b. (Middle) <b>Catherine</b>	
		c. (Last) <b>LAYTON</b>	
4. DATE OF DEATH July 1 1950		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Sept 15 1868</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>LAYZRO Titchenor</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY Wright</b>	
14. NAME OF HUSBAND OR WIFE <b>widow</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs W.P. White</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		19. DATE OF OPERATION <b>No</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis and Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>			
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)	
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 <b>July 15, 1949</b> , to <b>June 30, 1950</b> , that I last saw the deceased alive on <b>June 30, 1950</b> , and that death occurred at <b>4:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. Cardwell, M.D.</b>		23b. ADDRESS <b>Stella, Mo.</b>	
23c. DATE SIGNED <b>7-3-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>7-3-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rocky Comfort Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Rocky Comfort Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Pope</b>	
DATE REC'D BY LOCAL REG <b>July 5, 1950</b>		REGISTRAR'S SIGNATURE <b>D. E. Plumber</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>Stella, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Pope</b>	

RECEIVED 7-7-50  
District Health Officer No. 5,  
District File Number 750-770  
Date Filed 7-7-50

**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 *James Kenneth Duncan*

Licensed Embalmer No. 4767

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.