S. No. 300
10-48

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24289

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Pike	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowling Green 0820
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike County Hospital	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) Price c. (Last) McCune

4. DATE OF DEATH (Month) June (Day) 27 (Year) '50

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 8 - 1875 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. 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 None 11. BIRTHPLACE (State or foreign country) Pike County, Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm Henry Price 13b. MOTHER'S MAIDEN NAME Mary Jane Griffith 14. NAME OF HUSBAND OR WIFE J. D. McCune

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Duncan ADDRESS Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma to Lung — 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) Carcinoma of Breast

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 170X

19a. DATE OF OPERATION 4-11-47 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 3-27, 1950, *to* 6-27, 1950 *that I last saw the deceased alive on* 6-26, 1950, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE S. Cunningham (Degree or title) 23b. ADDRESS Louisiana Mo. 23c. DATE SIGNED 7-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 28 24c. NAME OF CEMETERY OR CREMATORY Bowling Green 24d. LOCATION (City, town, or county) (State) Bowling Green Mo

DATE REC'D BY LOCAL REG. July 18, 1950 REGISTRAR'S SIGNATURE Berniece Collier 374 25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead ADDRESS Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 28 1950
District Health Officer No. 10
District File Number 7-50-1215
Date Filed JUL 31 1950

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 Harold C. Kirk

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.