No. 300
10-48

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27948

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 288

0941

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 201 Francis St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 0396
d. STREET ADDRESS (If rural, give location) 1675 E Blaine

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1950

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed ✓ **8. DATE OF BIRTH** May 19, 1871 **9. AGE** (In years last birthday) 79 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work **10b. KIND OF BUSINESS OR INDUSTRY** ✓ **11. BIRTHPLACE** (State or foreign country) Iron Co. Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Jesse Hatridge **13b. MOTHER'S MAIDEN NAME** Ellen Thompson **14. NAME OF HUSBAND OR WIFE** James Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Eugene Myers **ADDRESS** Bonne Terre 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) Carcinoma of Lymphatic system

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.

INTERVAL BETWEEN ONSET AND DEATH: 170X

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ 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* Jan 1, 1947, *to* Aug 31, 1950, *that I last saw the deceased alive on* Aug 31, 1950, *and that death occurred at* 4:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE B. J. Mavity ✓ (Degree or title) D.O. **23b. ADDRESS** Bonne Terre Mo **23c. DATE SIGNED** 9/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Sept 2, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Ramsey Grove **24d. LOCATION** (City, town, or county) Washington Co. (State) Mo.

DATE REC'D BY LOCAL REG. Sept. 1, 1950 **REGISTRAR'S SIGNATURE** Esther Rudloff 289 **25. FUNERAL DIRECTOR'S SIGNATURE** Benham Und Co **ADDRESS** Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP - 4 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Clarence J. Claywell

Signed.....
Student Embalmer

Licensed Embalmer No. 3766

P. O. Address Bonne Terre 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.