

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34051

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Township</u> <u>0570</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3 mile east of Winfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile east of Winfield</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Presley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1950</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 27, 1912</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Arthur Slayers</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Mielves</u>		14. NAME OF HUSBAND OR WIFE <u>Homer Presley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war, or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Presley - Winfield, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>79.55</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Foand Body in River</u>		
	ANTECEDENT CAUSES <u>cause of death unknown</u> <u>(apparently drowned)</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>Oct 26 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>_____</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Winfield, Lincoln Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Oct 26 1950 7</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>_____</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Adrian Elliot</u> <sup>3</sup> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Troy, Mo.</u>		23c. DATE SIGNED <u>11/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Barchtown, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emmanuel Riddle</u> <sup>62</sup> <u>Elaberry, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>Emmanuel Riddle</u> <sup>62</sup>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48570  
1

205112 ADM

*Rev. W. W. ...*

RECEIVED

NOV 14 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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Clay Garland*

Licensed Embalmer No. *4012*

P. O. Address *Elmhurst, 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.