

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13608

10

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4434		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Rolls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rolls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri</u> <u>0070</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Ghulse</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>13</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>May 6, 1858</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>01</u> Days <u>7</u>		IF UNDER 1 MRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Turner</u>				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Jonas Ghulse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>center, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>None</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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>March 10, 1951</u> , to <u>April 13, 1951</u> , that I last saw the deceased alive on <u>April 9, 1951</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Brooke</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>center, Missouri</u>		23c. DATE SIGNED <u>4/18/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>center, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/18/51</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u>		ADDRESS <u>center, Missouri</u>	

(Licensed Emballer's Statement on Reverse Side)

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

Date Received: APR 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-840
Date Filed: MAY 1 1951

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

Clyde Wilkey

Licensed Embalmer No. 38260

P. O. Address *Camp Me.*

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.