

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17298

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>168</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>159</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City</u>		d. STREET ADDRESS (If rural, give location) <u>Front St. 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth's Hospital</u>				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>			b. (Middle) <u>Ellen</u>		c. (Last) <u>Holliday</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 9 1880</u>		9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>10</u>	11. UNDER 100 Hrs. Days <u>10</u> Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Scott</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Press</u>		14. NAME OF HUSBAND OR WIFE <u>Pellert Holliday</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Duncan Monroe City 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Lobar TB.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Uterus.</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>174 X</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>May 16</u> , 19 <u>51</u> , to <u>May 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>51</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Sherman Epton M.D.</u>				23b. ADDRESS <u>Monroe City, Mo</u>		23c. DATE SIGNED <u>5-18-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-19-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By M. J. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son</u>		ADDRESS <u>Monroe City Mo</u>		

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

5644
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RECEIVED MAY 23 1951
MARION CO. HEALTH DEPT.
DATE FILED MAY 24 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 me

working under my personal supervision.

Student Embalmer No.

Signed Louise L. Nelson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Marion City, 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.