

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30076**

FILED SEP 25 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **504**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Clinton)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton <i>0422</i>	
c. LENGTH OF STAY (in this place) 3 wks.		d. STREET ADDRESS (If rural, give location) Sunset Rest Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moore's Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) _____ c. (Last) Sites			4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Oct. 7, 1867		9. AGE (In years last birthday) 84		# UNDER 1 YEAR Months 11 Days 7		# UNDER 24 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) confined to nursing care				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Henry Co., Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME John Sites				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE none			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Mr. Earl Sites, Urich, Missouri				ADDRESS _____			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast <i>Met 2 year</i>									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 170X									

19a. DATE OF OPERATION None				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
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22. I hereby certify that I attended the deceased from **May 24, 1951, to Sept 14, 1951**, that I last saw the deceased alive on **July 30, 1951**, and that death occurred at **6:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE S.P. Hughes, M.D.				23b. ADDRESS Clinton, Mo.				23c. DATE SIGNED 9/15/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Hendricks Cemetery		24d. LOCATION (City, town, or county) (State) Henry County, Missouri					
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DATE REC'D BY LOCAL REG Sept. 17-51		REGISTRAR'S SIGNATURE Florence Adair <i>422</i>				25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]					
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RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-24-51

STATEMENT BY LICENSED EMBALMER

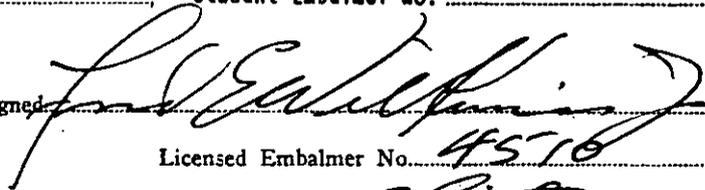
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed



Licensed Embalmer No. 45716

P. O. Address. Clinton

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.