

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33146**

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **4185** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CLAIR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CLAIR 03	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) CATHERINE b. (Middle) ELLEN c. (Last) MOTHERSHEAD			4. DATE OF DEATH (Month) (Day) (Year) 10 5 51			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-18-71	9. AGE (In years last birthday) 80	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) LONEDELL MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY HEMKER		13b. MOTHER'S MAIDEN NAME MARTHA RHODES		14. NAME OF HUSBAND OR WIFE LOUIS MOTHERSHEAD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ELDON MOTHERSHEAD ADDRESS ST. CLAIR, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH YES
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumoid Arthritis		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 7220
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 _____, 19**47**, to **10-5**, 19**51**, that I last saw the deceased alive on **10-7**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. M. Sney (Degree or title) 0 M.D.	23b. ADDRESS Union, Mo	23c. DATE SIGNED 10-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-7-51	24c. NAME OF CEMETERY OR CREMATORY ST. PATRICKS	24d. LOCATION (City, town, or county) (State) CATAWISSA MO
DATE REC'D BY LOCAL REG. 10-6-51	REGISTRAR'S SIGNATURE E. L. Worthington 96	25. FUNERAL DIRECTOR'S SIGNATURE Casby & Lenz ADDRESS St. Clair, MO	

(License Embalmer's Statement on Reverse Side)

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

FILE NO. _____
DISTRICT HEALTH OFFICE NO. 4

OCT 14 1961

RECEIVED

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 *H. M. Lovel*

Licensed Embalmer No. *3691*

P. O. Address *St. Clair, 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.