

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3648

State File No.

FILED FEB 1 1952

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4486 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Benton</u>		c. CITY OR TOWN <u>Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>No Street</u>		d. STREET ADDRESS (If rural, give location) <u>No Street</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

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>February 19, 1883</u>	9. AGE (In years last birthday) <u>68</u>	10. MONTH (Day) (Year) <u>10 19</u>	11. BIRTHPLACE (State or foreign country) <u>Oak Ridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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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>Oak Ridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>William C. Marshal</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Percy E. Eldridge</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Kiehne</u>	ADDRESS <u>Benton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Advanced Pulmonary Fibrosis with Cor pulmonale</u> Chronic Fungus Infection of the-lungs Antecedent Causes <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(Undetermined type)</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1345</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 7, 1952, to Jan. 8, 1952, that I last saw the deceased alive on Jan. 8, 1952, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. P. Bryan</u>	(Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Benton, Mo.</u>	23c. DATE SIGNED <u>Jan. 11, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan-29-52</u>	REGISTRAR'S SIGNATURE <u>McAddie Harris</u>	395-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 30 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-30

MAR 26 1952

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.....

Signed.....
Student Embalmer

Signed Vergil K. Welch
Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.