

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38224

State File No.

FILED NOV 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>1125</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>		c. LENGTH OF RES. (In this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair - MO-036</u>		d. STREET ADDRESS (If rural, give location) <u>r</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair - MO</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10-4-52</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMITT</u>		b. (Middle) <u>Donell</u>		c. (Last) <u>Dumas</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 17 1888</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>64 3 19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker - making shoes</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dandall MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Dumas</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Chick</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>442-20-7864</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Larise Gaudel</u>		ADDRESS <u>2063 Knox's</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>Aug 7 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer - 1561</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		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)		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>7-10-52</u> , to <u>10-4-52</u> , that I last saw the deceased alive on <u>10-3-52</u> , 19 <u>52</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Mitchell, M.D.</u>				23b. ADDRESS <u>St. Clair</u>		23c. DATE SIGNED <u>10/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre - MO</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>E. T. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrard W. Mitchell</u>			

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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 *Herbert W. Stedell*

Licensed Embalmer No. 3873

P. O. Address *H. 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.