

5. No. 3007
v. 10.48

NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41304**
Registrar's No. **47**

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6166**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give / township) OR TOWN Rural "Pierre"		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "Pierre" 1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Crane mo	

3. NAME OF DECEASED (Type or Print) a. (First) Amela b. (Middle) Cardelia c. (Last) Metcalf			4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 23-1893	9. AGE (In years last birthday) 79	10. MONTHS 8	11. DAYS 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME William Burke		13b. MOTHER'S MAIDEN NAME Hannah Dodson		14. NAME OF HUSBAND OR WIFE Hardy Metcalf	
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 ADDRESS Mrs. John Stule Crane 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		
	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. Cardiovascular renal disease			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **10-9**, 1952, to **10-13**, 1952, that I last saw the deceased alive on **10-13**, 1952, and that death occurred at **3:55P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. J. Morrison M.D.		23b. ADDRESS Crane mo		23c. DATE SIGNED 10-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 15-1952		24c. NAME OF CEMETERY OR CREMATORY Mary Hill	
24d. LOCATION (City, town, or county) (State) Baring Co. Missouri					

DATE REC'D BY LOCAL REG. Nov 18-52		REGISTRAR'S SIGNATURE Mrs. J. Edwin Prosser 317-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George R. Manlove Crane mo	
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Prof. J. M. Murray (Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~_____~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George H. Manlove _____

Licensed Embalmer No. 3827 _____

P. O. Address Crane 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.