

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

State File No. **4637**

No. 300
10.48

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bretton Twp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bretton Twp.	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) Near Potosi	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Potosi			

3. NAME OF DECEASED (Type or Print) Lemmie	a. (First)	b. (Middle) DeClue	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 29 1892	9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months 5 Days 17	IF 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) House work	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Franklin Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.G.
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13a. FATHER'S NAME Henry J. Strous	13b. MOTHER'S MAIDEN NAME Minnie Asher	14. NAME OF HUSBAND OR WIFE Elmer DeClue
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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. —	17. INFORMANT'S SIGNATURE OR NAME Ferris DeClue	ADDRESS Quaker Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injuries due to being struck by automobile		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E8124 DUE TO (c) 25		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 110	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bretton Washington Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) Jan 16 53 7:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by auto
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. L. Gibson D.C. Coroner	(Degree or title) 3	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 1-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JAN. 19-53	24c. NAME OF CEMETERY OR CREMATORY Antioch Cem.	24d. LOCATION (City, town, or county) (State) Washington Co. Mo.
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DATE REC'D BY LOCAL REG. 1/20/53	REGISTRAR'S SIGNATURE H. W. R. R. R.	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks	ADDRESS Potosi Mo.
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JAN 2 1953

RECEIVED
JAN 20 1953
WASH. COUNTY HEALTH DEPT.
File No. _____

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 *Murphy Sparks* _____

Licensed Embalmer No. *4230* _____

P. O. Address *Flat 201 The* _____

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.