

FILED FEB 24 1953  
Dr. Taylor

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7046  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Pemiscot</u> TOWNSHIP <u>Gobler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gobler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gobler</u> Box <u>490</u>	
c. LENGTH OF STAY (In this place) <u>18yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Blanche</u>	b. (Middle)	c. (Last) <u>Clay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3rd - 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2nd - 1892</u>	9. AGE (In years last birthday) <u>61</u> Months <u>10</u> Days <u>1</u>	10. IF UNDER 1 YEAR Hours _____ Mins. _____	11. IF OVER 1 YEAR Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Cephus Booker</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Will Clay</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Will Clay Gobler</u>	ADDRESS <u>Mo. Box 490</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Uterus</u>		DUE TO (b) _____		<u>1 year</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174X</u>		_____		

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)
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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 1 March 1952 to 20 Jan, 1953, that I last saw the deceased alive on 20 Jan, 1953 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <u>E. P. Taylor, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Steele Mo.</u>	23c. DATE SIGNED <u>4 Feb 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gobler Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gobler Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-18-53</u>	REGISTRAR'S SIGNATURE <u>John St. German</u>	406-P	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Desjardis</u>	ADDRESS <u>Remmet Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5780

2-65-53

PEMISCOT COUNTY HEALTH DEPARTMENT

66 COURTHOUSE PHONE 79

CARTHAGE, MISSOURI, MO.

FEB 20 1953

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 Edgar Lee Ford

Licensed Embalmer No. 4493

P. O. Address Kennett 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.