

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3021 State File No. 17776

FILED JUN 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Grundy <i>0402</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy <i>0702</i>	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Trenton Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1217 East loth.	

3. NAME OF DECEASED (Type or Print)	a. (First) Dora	b. (Middle) Belle	c. (Last) Embry	4. DATE OF DEATH (Month) (Day) (Year) May 17 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 10/7/1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6 Days 11	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) invalid	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Milton Tate	13b. MOTHER'S MAIDEN NAME Rebecca Todd	14. NAME OF HUSBAND OR WIFE Wm. Embry
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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. no	17. INFORMANT'S SIGNATURE OR NAME Tom Eads, Trenton, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbidity 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 154X 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 **May 17**, 19**53**, to **May 17 & 53**, 19**53**, that I last saw the deceased alive on **May 15th**, 19**53**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D.	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED May 17 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/19/53	24c. NAME OF CEMETERY OR CREMATORY Shelburn Cemetery	24d. LOCATION (City, town, or county) (State) Trenton Mo. Rt. 4
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DATE REC'D BY LOCAL REG. 5-19-53	REGISTRAR'S SIGNATURE Irene Davis	25. FUNERAL DIRECTOR'S SIGNATURE Edward J. ...	ADDRESS Trenton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 3 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.....

me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Edward H. Spaul

Licensed Embalmer No. *3109*

P. O. Address *Ferretail, Ma*

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.