

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22670

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6092 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-ST. FRANCOIS		c. CITY (If outside corporate limits, write RURAL and give township) POTOSI	
c. LENGTH OF STAY (in this place) 9 MONTHS		d. STREET ADDRESS (If rural, give location) 110A	
d. FULL NAME OF HOSPITAL OR INSTITUTION HACIENDA REST HOME			

3. NAME OF DECEASED (Type or Print) a. (First) MELINDA b. (Middle) JANE c. (Last) DECLUE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 14, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. DOWED	8. DATE OF BIRTH JUNE 29, 1861		9. AGE (In years last birthday) 91 if UNDER 1 Year Months 11 Days 15 if UNDER 12 Hrs. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CUBA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CALVIN BAKER		13b. MOTHER'S MAIDEN NAME MARY ANN MCDADE		14. NAME OF HUSBAND OR WIFE EUGENE DECLUE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GRACE SMITH LEADWOOD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) General Debility			
		DUE TO (c) Diabetes Mellitus			
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? 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)	
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?	

22. I hereby certify that I attended the deceased from ~~5-12-53~~ **12-15, 1952**, to **6-13, 1953**, that I last saw the deceased alive on **6-13, 1953**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. Doolittle (Degree or title)		23b. ADDRESS Farminston, Mo		23c. DATE SIGNED 6-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/16/53		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) WASHINGTON COUNTY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERT L. BOYER LEADWOOD, MO			
DATE REC'D BY LOCAL REG. June 17, 1953		REGISTRAR'S SIGNATURE Cather Rudloff			

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.