THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29465

State File No.

FILED SEP 8 - 1953

BIRTH NO. REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): THAYER
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: OREGON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALTON 0750
d. STREET ADDRESS (If rural, give location): D

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): E.
c. (Last): TEMPLE

4. DATE OF DEATH (Month) 7 (Day) 20 (Year) '53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-7-1883
9. AGE (In years last birthday): 69
If under 1 year: Months 9 Days 13 Hours 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 (City and State or Foreign Country): NEWBURY, MAINE
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ephrim Bartlett
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: HARRY TEMPLE - dec.

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 ADDRESS

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) Cardiac failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) Aging infirmity

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10-53 *19___, to* 7-20-53 *19___, that I last saw the deceased alive on* 7-20-53 *19___, and that death occurred at ___ m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Walker MD (Degree or title)
23b. ADDRESS: Mammoth Spring Ark
23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-53
24c. NAME OF CEMETERY OR CREMATORY: Shiloh CEMETARY
24d. LOCATION (City, town, or county) (State): OREGON County Mo.

DATE REC'D BY LOCAL REG.: 9-3-53
REGISTRAR'S SIGNATURE: Arthur Wolff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John D. Long Alton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 0 195:

SEP 1 1

NOV 17 1953

OCT 26 1956

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 John D. Clancy

Licensed Embalmer No. 4475

P. O. Address Box 398 Alton M

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.