No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35153

FILED OCT 21 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 422

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff Mo
c. LENGTH OF STAY (in this place): 1030 / 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

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

3. NAME OF DECEASED (Type or Print): a. (First) Katie b. (Middle) Morris c. (Last) Shoemate

4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 1953

5. SEX Female / **6. COLOR OR RACE** White / **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2 / **8. DATE OF BIRTH** Dec. 25 1871 / **9. AGE** (In years last birthday) 81 / IF UNDER 1 YEAR: Months 9 Days 6 / IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Puxico Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Geo. J. Ligon
13b. MOTHER'S MAIDEN NAME: Lucy Ann Parker
14. NAME OF HUSBAND OR WIFE:

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: Mollie O. Shoemate **ADDRESS**: Puxico 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) Carcinoma of Breast with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid 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: 170 X
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* 9-2, 1953, *to* 10-[redacted]1, 1953, *that I last saw the deceased alive on* 9-30, 1953, *and that death occurred at* 1:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank E. Denelli (Degree or title) MD
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-1953
24c. NAME OF CEMETERY OR CREMATORY: Puxico
24d. LOCATION (City, town, or county) (State): Puxico Mo

DATE REC'D BY LOCAL REG.: 10/12/53
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan **ADDRESS**: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 19 1953
BUTLER CO. HEALTH CENTER
FILE No._____

OCT 23 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 William H Morgan

Licensed Embalmer No. 4640

P. O. Address Adrian, 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.