

FILED DEC 4- 1953

## STANDARD CERTIFICATE OF DEATH

State File No.

40261

318

1003

Registrar's No.

11121

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> <u>0690</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Lentner</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freemin Blodge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R. R.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ethel</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Byrd</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>21</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2, 1903</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lentner, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Emmett Bourne</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Hollingsworth</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Byrd, Lentner, Mo.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of ovary</u> DUE TO (c) 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 <u>9/30/53</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? <u>175X</u>	
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"/>					
22. I hereby certify that I attended the deceased from <u>10-2</u> , 1952, to <u>11-21</u> , 1953, that I last saw the deceased alive on <u>11-21</u> , 1953, and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. R. Hanlon M.D. / V. L. Willman D.M.D.</u>				23b. ADDRESS <u>Freemin Blodge Hosp. St. Louis, Mo.</u>		23c. DATE SIGNED <u>11/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 23 1953</u>		REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>4700 Washington Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1953

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
John S. Dem...

Licensed Embalmer No. ....  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.