

STANDARD CERTIFICATE OF DEATH

 State File No. **42659**

FILED DEC 21 1953

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 3 0423</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MINNIE</u>		b. (Middle) <u>KATE</u>		c. (Last) <u>ELLEDGE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 14 1953</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>NOV. 11, 1870</u>		9. AGE (In years) <u>83</u>		10. MONTHS <u>1</u>		11. DAYS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEO. W. MAYES</u>		13b. MOTHER'S MAIDEN NAME <u>MOULIE E. DAVIS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph M. Elledge</u>		18. ADDRESS <u>Clinton, Mo. Rt 3</u>	
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>myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Cocaine bowel & ureters</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 <u>3 da</u> <u>2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT <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 <u>Sept 1, 1952</u> , to <u>12-14, 1953</u> , that I last saw the deceased alive on <u>12-14, 1953</u> , and that death occurred at <u>7:24 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. D. Walker</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>12-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC 15 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cabool Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec-15-53</u>		REGISTRAR'S SIGNATURE <u>Florence Udawo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Passant</u>		ADDRESS <u>Clinton, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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

H. J. Varisant

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.