

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43980**

FILED JAN 11 1954

REG. DIST. NO. **300**

PRIMARY REG. DIST. NO. **6029** Registrar's No. **24**

0900

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Ellington		c. CITY OR TOWN Ellington-Logan	
c. LENGTH OF STAY (to this place) Life		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) own home		e. STREET ADDRESS (If rural, give location) 2 1/2 Mi North of Ellington	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ellen c. (Last) Cates		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married	8. DATE OF BIRTH May 23, 1950
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR: Months 9 Days 7 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Reynolds Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ray Cates	
13b. MOTHER'S MAIDEN NAME Margeline Dunningan		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Amos Steggsdill - Ellington		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in home 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. E9160 16	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 090 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 A m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. J. A. Pyrtle (Degree or title) Coroner		23b. ADDRESS Centerville, Mo.	
23c. DATE SIGNED 12/24/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Dec. 27 1953	
24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Ellington Mo.	
DATE REC'D BY LOCAL REG. Dec 29/53		REGISTRAR'S SIGNATURE Essie Evans	
25. FUNERAL DIRECTOR'S SIGNATURE Seaton Perwit		ADDRESS Van Buren Mo.	

Received 1-7-51

Reynolds County Health Center

File No. 154 - 6

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.....
Signature of Student Embalmer

Signed Seaton Powell.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.