

FILED APR 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **12941**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give town) OR LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR ELSBERRY 0570	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 411 N. 5th STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE-COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) MARY c. (Last) BLACK	4. DATE OF DEATH (Month) (Day) (Year) 4-12-1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 13 1876	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months 8 Days 29	11. IF UNDER 18 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) NEW HOPE MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ROBERT E. BLACK	13b. MOTHER'S MAIDEN NAME JUDIE JANE DAMERON	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs J.E. Clarke	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 7 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery Occlusion		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 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 **4-20, 1953**, to **4-12, 1954**, that I last saw the deceased alive on **4-12, 1954**, and that death occurred at **6:58 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Shosh Lemellen MD (Degree or title)	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 4-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/54	24c. NAME OF CEMETERY OR CREMATORY Vallaha Cem.	24d. LOCATION (City, town, or county) (State) St Louis County Mo
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DATE REC'D BY LOCAL REG. April 13, 1954	REGISTRAR'S SIGNATURE Bernice Collier	374	25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller	ADDRESS Elsberry Mo
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(Licensed Embalmer's 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~~ April 12-

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbury, 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.