

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16544**
 BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY OR TOWN Rural (Bedford)		c. CITY OR TOWN Troy	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) 7 days		f. STREET ADDRESS 8570 - ADDRESS _____ (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) MILDRED	c. (Last) READ	4. DATE OF DEATH (Month) (Day) (Year) May 31 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 4 1894	9. AGE (In years last birthday) 59	10. If under 1 year: Months 8 Days 27	11. If under 1 year: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Davis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Barton	13b. MOTHER'S MARDEN NAME Anna Willie	14. NAME OF HUSBAND OR WIFE Curtis Read
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 491-402587	17. INFORMANT'S SIGNATURE OR NAME St. Louis Mo	ADDRESS St. Louis Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days several years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	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 331X	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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 27, 1954**, to **May 31, 1954** that I last saw the deceased alive on **May 29, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. J. Kelly (Degree or title) D.O.	23b. ADDRESS Troy Mo	23c. DATE SIGNED 6-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3, 54	24c. NAME OF CEMETERY OR CREMATORY Old Alexander Cem	24d. LOCATION (City, town, or county) (State) Lincoln County Mo
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DATE REC'D BY LOCAL REG. 6-12-54	REGISTRAR'S SIGNATURE Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Wayne McBay	ADDRESS Troy Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

10 0

0.300
0.48

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..... *Wayne McCoy*
Licensed Embalmer No..... 35

P. O. Address *Joy M*

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.