

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48
0760

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4602 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Penuscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Penuscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Denton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Denton</u>	
c. LENGTH OF STAY (in this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>119A W 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>119A W 0780</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELECTA ANN</u>	b. (Middle) <u>LA</u>	c. (Last) <u>LONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 - 1954</u>
-------------------------------------	------------------------------	-----------------------	-----------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 18 - 1867</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>86 10</u>
----------------------	---------------------------	---	---------------------------------------	--

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 <input checked="" type="checkbox"/>	11. BIRTH PLACE (City and State or Foreign Country) <u>St. Lawrence Co. New York, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Luigi Corbisio</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann McCue</u>	14. NAME OF HUSBAND OR WIFE <u>Dead</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Howe</u>	ADDRESS <u>None</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> <u>Several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable C.A.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>D.O.A.</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) (Min.)	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 June, 1954, to 17 June, 1954, that I last saw the deceased alive on 17 June, 1954, and that death occurred at 4:05 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Barlett D.O.</u>	23b. ADDRESS <u>Steele Mo.</u>	23c. DATE SIGNED <u>24 June 54</u>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>6-19-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-28-54</u>	REGISTRAR'S SIGNATURE <u>L. J. Stemann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. A. Forge</u>	ADDRESS <u>Wm. C. Conant</u>
---	--	---	------------------------------

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

6-144-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 39
CARUTHERSVILLE, MO.

JUN 25 1954

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.