

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6030 State File No. 9217

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6080 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Reynolds 0900		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo b. COUNTY Reynolds 0900	
b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN Ellington (Rural) 10668		c. CITY OR TOWN Ellington (Rural) 10668	
c. LENGTH OF STAY (in this place) 4 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Cleta E. MARY			4. DATE OF DEATH (Month) (Day) (Year) April 8 55		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH DEC. 24 1903		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CAIRO ILL		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Omer V. Hudson		13b. MOTHER'S MAIDEN NAME Bertie Rhumer		14. NAME OF HUSBAND OR WIFE Paul A. MARY	
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. 327-22-7231		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul A. MARY, Ellington, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy			Known Sign
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant 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		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 June 51, 1955, to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 9:48 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth T. Carter D.O. 2		23b. ADDRESS Ellington Mo		23c. DATE SIGNED April 9/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/55		24c. NAME OF CEMETERY OR CREMATORY Thistlewood Cemetery	
24d. LOCATION (City, town, or county) (State) Mounds Ill		DATE REC'D BY LOCAL REG. Apr. 9-55		REGISTRAR'S SIGNATURE 276- Bessie Evans	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Char S. Smith, Ellington, Mo			

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

Received 4-11-55

Reynolds County Health

File No. 455 - 13

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 Chas S. Pruitt.....

Licensed Embalmer No. 457.....

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