

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 29 1955

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5925 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Elkfork Twn.</u>		c. CITY OR TOWN <u>0800</u>	
c. LENGTH OF STAY (in this place) <u>34 yrs.</u>		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 <u>8 mi. S.W. of Lamonte</u>		e. STREET ADDRESS (If rural, give location) <u>8 mi. S.E. of K.N. 8 miles S.W. of La Monte, Mo.)</u> (or	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Embree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 24, 1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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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 <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>A. Jack Voelker</u>	13b. MOTHER'S MAIDEN NAME <u>Dellia Livingood</u>	14. NAME OF HUSBAND OR WIFE <u>Robert A. "Bob" Embree</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert A. Embree, RFD #3 Knob Noster, Mo.</u>	ADDRESS <u> </u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>89m</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>@ carcinoma of uterus</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u> </u>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamonte, Pettis, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from Jan 1, 1955 to Aug 24, 1955 that I last saw the deceased alive on Aug 24, 1955 and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Crave</u>	(Degree or title) <u> </u>	23b. ADDRESS <u>15 Knob Noster Mo</u>	23c. DATE SIGNED <u>Aug 26 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-26-55</u>	REGISTRAR'S SIGNATURE <u>Lovina Coontz Dept.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker, Knob Noster, Missouri</u>	ADDRESS <u> </u>
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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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W. Raymond Baker*

Licensed Embalmer No. *461*

P. O. Address *Knot Test*

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.