

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41327

FILED JAN 3 - 1956

5725 State File No. 18

BIRTH NO. _____		REG. DIST. NO. <u>200</u>	PRIMARY REG. DIST. NO. <u>Jefferson</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson 47 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hosp of Ethel, Missouri</u>		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mellie Ann</u> b. (Middle) <u>Abbott</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 - 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 18 - 1882</u>	9. AGE (In years last birthday) <u>73</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 <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert F Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Grantstreet</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Exsanguination</u> ANTECEDENT CAUSES DUE TO (b) <u>Spontaneous hemorrhage of alimentary tract</u> DUE TO (c) <u>Primary gastric carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Bronchiectasis 151x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 d</u> <u>7 d</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 <u>Oct 19, 1955</u> to <u>Dec 5, 1955</u> , that I last saw the deceased alive on <u>Dec 5, 1955</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H.P. Doyle M.D.</u> (Degree or title)		23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>Dec 5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ethel Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-7-1955</u>	REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Garrison</u> ADDRESS <u>Ethel, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0610

0610

RECEIVED 12.22.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.55.201
Date Filed 12.29.55

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Ducklin, Ga.

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.