

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2518

State File No.

FILED JAN 17 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 4

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre | | c. LENGTH OF STAY (In this place) 9 days | c. CITY OR TOWN Rural |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital | | e. STREET ADDRESS (If rural, give location) Farmington R.R. # 3 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Mary | b. (Middle) Ellen | c. (Last) Marks | 4. DATE OF DEATH (Month) (Day) (Year) Jan 7, 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 4, 1874 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 6 | IF UNDER 2 HRS. Days 3 | IF UNDER 24 HRS. Mins. |
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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 | 11. BIRTHPLACE (City and State or Foreign Country) Farmington, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Patrick Durner | 13b. MOTHER'S MAIDEN NAME Ellen Wiley | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Nancy Gorder | ADDRESS St Louis, Mo. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 9 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | DUPLICATE NO. 332X |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis yrs. DUE TO (c) 332X | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1 Osteo arthritis 2 Arteriosclerotic heart disease | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 Aug, 1955, to Jan 7, 1956, that I last saw the deceased alive on Jan 7, 1956, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) e. e. Carleton, M.D. | 23b. ADDRESS Farmington Mo | 23c. DATE SIGNED 1-9-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 1/9/56 | 24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery | 24d. LOCATION (City, town, or county) (State) Farmington, Mo. |
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| DATE REC'D BY LOCAL REG. Jan 9, 1956 | REGISTRAR'S SIGNATURE Eather Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo. | ADDRESS |
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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 Paul H. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmingdale

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.