

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

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY OR TOWN <u>Bell City</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>R#1 - RURAL</u>				e. STREET ADDRESS (If rural, give location) <u>R#1 - RURAL</u> 1030				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Cordelia</u> c. (Last) <u>Holt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1956</u>					
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>Aug 15, 1910</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Mon. Days	IF UNDER 24 HRS. Hours Min.	
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 _____		11. BIRTHPLACE (City and State, or Foreign Country) <u>Stoddard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Willis Hoogier</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Holt</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>498-14-3228</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Holt</u>		ADDRESS <u>Bell City, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pelvis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Can give detailed information</u>				
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) <u>1991</u>				
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>Sept 18, 1956</u> , to <u>Sept 19, 1956</u> , that I last saw the deceased alive on <u>Sept 18, 1956</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. C. Masters Sr.</u>				23b. ADDRESS <u>Advocate, Mo.</u>		23c. DATE SIGNED <u>Sept 22, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 22, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MORGAN MEMORIAL PARK ADVANCE</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/28/56</u>		REGISTRAR'S SIGNATURE <u>Dorrie M. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Morgan</u>		ADDRESS <u>Advocate Mo.</u>		

360

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^m A. Morgan*
Licensed Embalmer No. *4640*
P. O. Address *Advance, N.*

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.