

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043278

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 30

FILED NOV 27 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Saline</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Slater</u>		a. STATE <u>Missouri</u> COUNTY <u>Saline</u>		c. CITY OR TOWN <u>Slater</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Slater</u>		Length of stay in 1b <u>73 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>324 W. Emma</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>324 W. Emma</u>				d. STREET ADDRESS (If outside, give location) <u>324 W. Emma</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ELLA</u>		Middle <u>STEWART</u>		Last <u>DULANEY</u>		Month <u>Nov.</u> Day <u>24</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/27/1868</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
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>None</u>		11. BIRTHPLACE (City and state or country) <u>Salisbury, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Stewart</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Carolyn</u>			14. NAME OF HUSBAND OR WIFE <u>W. P. Dulaney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Walter Gwinn, Slater, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Chr. nephritis</u>						<u>6 years</u>	
DUE TO (b) <u>Chr. cystitis</u>						<u>6 years</u>	
DUE TO (c) <u>Essential hypertension</u>						<u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY		Hour <u>6:30</u> Month, Day, Year <u>Nov. 24, 1961</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1945</u> to <u>Nov. 24, 1961</u> and last saw her <u>alive</u> on <u>Nov. 22, 1961</u> . Death occurred at <u>6:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. A. McBurney, M.D.</u>				22b. ADDRESS <u>Slater, Mo</u>		22c. DATE SIGNED <u>11/29/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/26/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Slater</u>		23d. LOCATION (City, town, or county) <u>Slater, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Haines Funeral Home, Slater, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-25-61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Raymond Brano</u>	

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 Walter J. Hain, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.