

FILED MAR 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7834

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5320 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Casper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Galatine Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Galatine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Near Pilot Grove, Mo</u>	
3. NAME OF DECEASED a. (First) <u>ALICE</u> b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar-1-1888</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>ELLIS BLUE</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellis Blue - Pilot Grove, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA Uterus, with Generalized Metastases.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Feb 28</u> , 19 <u>49</u> , to <u>March 7th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 7th</u> , 19 <u>49</u> , and that death occurred at <u>9 P.M.</u> from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23a. SIGNATURE (Degree or title) <u>G. T. Humphreys M.D.</u>		23b. ADDRESS <u>Pilot Grove, Mo</u>	
23c. DATE SIGNED <u>MARCH 9, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cem. near Pilot Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/8-1949</u>		REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>		ADDRESS <u>Pilot Grove, Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-22-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Rayton E. Hayes
Student Embalmer No. _____
Licensed Embalmer No. 3076
P. O. Address Pilot Grove, W.

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.