

FILED OCT 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32967**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELLIS FISCHEL STATE CANCER</u>		d. STREET ADDRESS (If rural, give location) <u>115 WALNUT ST.</u>	
3. NAME OF DECEASED (Type or Print) <u>SUSIE CATHERINE ENGLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-2-79</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	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
11a. FATHER'S NAME <u>JOHNSON L. GREEN</u>		11b. MOTHER'S MAIDEN NAME <u>SUSIE SWITZER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI MO</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12b. SOCIAL SECURITY NO. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. NAME OF HUSBAND OR WIFE <u>CHARLIE E. ENGLAND</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlie England</u> ADDRESS <u>Centralia</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 Abdomen</u> ANTECEDENT CAUSES DUE TO (b) <u>Post-operative complication of sub-hepatic abscess</u> 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 <u>8-30-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Head of Pancreas</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>157X</u>	
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) m.	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>8-19</u> 19 <u>49</u> , to <u>10-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>49</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. Modlin M.D.</u>		23b. ADDRESS <u>Ellis Fischel Cancer Hosp</u>	23c. DATE SIGNED <u>10-7-49</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-9-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 10 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Horn Jensen</u> ADDRESS <u>Centralia Mo</u>	

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

District Health Officer No. 91  
District File Number  
RECEIVED OCT 19 1949

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 \_\_\_\_\_

Licensed Embalmer No. 4370

P. O. Address Central Ala 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 this body is not embalmed, fact should be so stated above.