

FILED NOV 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. 38310

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Balivar 515 South Clark</u>		c. LENGTH OF STAY (in this place) <u>3 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Balivar</u>		84
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Balivar Mo 515 South Clark</u>			d. STREET ADDRESS (If rural, give location) <u>515 South Clark St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u>		b. (Middle) <u>Malinda</u>	c. (Last) <u>Standley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 23 1949</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>Dec 8 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</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 <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>C. H. Haeker</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Standley</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'S SIGNATURE OR NAME <u>Walter Standley</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Case metastasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>From Breast, Removed 1947 - 134 St. Smith - Springfield</u>			
		DUE TO (c) <u>Cancer of Right Breast</u>			170x
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>1947</u>	19b. MAJOR FINDINGS OF OPERATION <u>X-ray thorax 1948-9 1949 - Dr. Tupper</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Oct 21, 1949</u> , to <u>Nov 23, 1949</u> , that I last saw the deceased alive on <u>Nov 23, 1949</u> , and that death occurred at <u>2:15 p. m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. A. B. Bridges</u>		(Degree or title)	23b. ADDRESS <u>Balivar Mo</u>		23c. DATE SIGNED <u>Nov 26 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 25 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Balivar Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 26, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	25. EMERAL DIRECTOR'S SIGNATURE <u>Genevieve Gardner</u>	ADDRESS <u>Blue Balivar, Mo</u>		

RECEIVED

District Health Officer No. 7,

District File Number 10-09-142

Date Filed 11-29-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Salinas, 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.