

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12286

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5242 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Chariton, Bee Branch Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Cambria Bee Branch Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Cambria Rural Bee Branch</u>	
c. LENGTH OF STAY (in this place) <u>5 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>New Cambria RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabethh</u> b. (Middle) <u>Frances</u> c. (Last) <u>Kanngiesser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 4, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: Months <u>8</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House maid</u>	11. BIRTHPLACE (State or foreign country) <u>Wein, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>Henry Kanngiesser</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Englert</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Kanngiesser, New Cambria, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast with metastases to lung</u>		DUE TO (b) _____			<u>7 yrs</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>1942</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of right breast with axillary nodes</u>			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)	
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 May 10, 1942, to April 12, 1950 that I last saw the deceased alive on Feb 11, 1950 and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Harris M.D.</u> (Degree or title)		23b. ADDRESS <u>Salesburg Mo</u>		23c. DATE SIGNED <u>4-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Wein, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-15-50</u>	REGISTRAR'S SIGNATURE <u>L. L. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Maughlin, Marceline, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 27

District Health Officer No. 8,

District File Number.....

Date Filed 4-29-58

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.

Signed Blanche M. Laughlin

Signed.....
Student Embalmer

Licensed Embalmer No. 1909

P. O. Address Marquette, Me

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.