No. 300
10.48

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

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20973

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LATHAM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA 0681
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): EDITH
c. (Last): McDANIAL

4. DATE OF DEATH (Month) (Day) (Year): JUNE 7 50

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 8th 1891
9. AGE (In years last birthday): 59 — If under 1 year: Months 5, Days 29 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MONITEAU Co. Mo
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: HENRY WILLETT
13b. MOTHER'S MAIDEN NAME: MARY LOWERY
14. NAME OF HUSBAND OR WIFE: TRIEMAN McDANIAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Trieman McDaniel — **ADDRESS**: California Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Right Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): History of Injury 2 yrs ago
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: General Carcinomatosis
Conditions contributing to the death but not related to the disease or condition causing death.

170X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinomatous glands pelvic, Inguinal regions
20. AUTOPSY? YES ☐ NO ☒

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): Moniteau Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): about Aug '48 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hurt breast while reaching in deep box

22. *I hereby certify that I attended the deceased from* Dec, 1949, *to* June 7, 1950, *that I last saw the deceased alive on* June 7, 1950, *and that death occurred at* 7:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Latham (Degree or title) M D
23b. ADDRESS: California Mo
23c. DATE SIGNED: 6-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-8-50
24c. NAME OF CEMETERY OR CREMATORY: City Cemetry
24d. LOCATION (City, town, or county) (State): California Mo.

DATE REC'D BY LOCAL REG.: 6-12-50
REGISTRAR'S SIGNATURE: H. R. Popejoy 202 0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Hugh E Wilkins California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 26 1950
District Health Officer No. 9,
District File Number

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 Embalmer No. _____

Signed Hugh E Williams

Signed _____
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California 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: