

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26725

0470

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iron, Boone, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural on Arcadia Twp.	
c. LENGTH OF STAY (in this place) 3 1/2		d. STREET ADDRESS (If rural, give location) 4 miles west of Hogan	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Vassie b. (Middle) Ann c. (Last) Huff			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5th. 1950		
5. SEX fem		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 7 1903		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 0 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Hogan Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Whited		13b. MOTHER'S MAIDEN NAME Malisa Hawk		14. NAME OF HUSBAND OR WIFE Joe Huff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Huff, Glover Missouri	

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) terminal bronchial pneumonia ANTECEDENT CAUSES adeno-carcinoma both ovaries (far advanced) involving small intestine Ascites II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day ?? ??	
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19a. DATE OF OPERATION 7-29-50		19b. MAJOR FINDINGS OF OPERATION adeno-carcinoma of both ovaries, involving small intestine		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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? 175X	

22. I hereby certify that I attended the deceased from 7-26-50, 19, to 8-5-50, 19, that I last saw the deceased alive on 8-5-50, 19, and that death occurred at 1.25 A., from the causes and on the date stated above.

23a. SIGNATURE R. E. Harland, M.D.		23b. ADDRESS Ironton, Missouri		23c. DATE SIGNED 8-7-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-6-50		24c. NAME OF CEMETERY OR CREMATORY Glover Cemetery	
24d. LOCATION (City, town, or county) (State) Glover Missouri					

DATE REC'D BY LOCAL REG. Aug 10, 1950		REGISTRAR'S SIGNATURE Mrs. Ann Jones 128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Ruel White	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 14 1950

District Health Office No. 6,

District File Number _____

Date Filed _____

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 *Arnold J. White*

Licensed Embalmer No. *3012*

P. O. Address *San Antonio, Tex.*

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.