

FILED DEC 27 1950

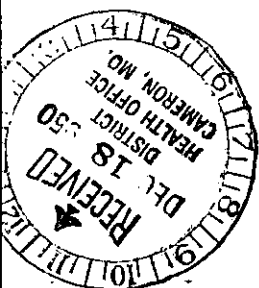
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41651

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4384		Registrar's No. 248	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore</u>			
c. LENGTH OF STAY (In this place) <u>50 yrs</u>				d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ethel</u>		b. (Middle) <u>May</u>		c. (Last) <u>Reese</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>11</u>		(Year) <u>1950</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>Jan. 19, 1894</u>		9. AGE (In years last birthday) <u>56</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		11. BIRTHPLACE (State or foreign country) <u>Tarkio, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry S. King</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Rebekah Payne</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Reese</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Shipps, St. Joseph, Mo.</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>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rt. Ovarian Tumor</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>17.5X</u>	
19a. DATE OF OPERATION <u>May 9, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt. Ovarian Tumor with Metastatic Carcinoma</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) _____		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>4-9-</u> 19 <u>48</u> , to <u>12-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>50</u> , and that death occurred at <u>4:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Arnold E. Walker D.D.</u>				23b. ADDRESS <u>Skidmore, Mo.</u>		23c. DATE SIGNED <u>12-13-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Graham, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-16-50</u>		REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Atchafalana</u>		ADDRESS <u>Mound City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Signed
Student Embalmer

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.