

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>51</u>		PRIMARY REG. DIST. NO. <u>2011</u>		Registrar's No. <u>224</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Carrollton 0171</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 N. Main</u>				d. STREET ADDRESS (If rural, give location) <u>310 N. Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u>		b. (Middle) <u>ISABELLE</u>		c. (Last) <u>RACHFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10 1951</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 6, 1888</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Unionville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George E Spence</u>		13b. MOTHER'S MAIDEN NAME <u>Lenora</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Rachford</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>Pearl Rachford</u> ADDRESS <u>Carrollton 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Bronchiogenic</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Oct</u> , 19 <u>50</u> , to <u>Jan 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 9</u> , 19 <u>51</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Platt, M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>1-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/11/51</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley Gibson</u> ADDRESS <u>Carrollton Mo</u>			

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



JAN 20 1951

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.....
Student Embalmer

Signed *William R. Koch*

Licensed Embalmer No. *4751*

P. O. Address *Carrollton 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.