S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 901

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
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): GULLERS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GRUNDY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON 0402
d. STREET ADDRESS (If rural, give location): 1604 CHESTNUT ST.

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): MARIE
c. (Last): JAQUES

4. DATE OF DEATH (Month) (Day) (Year): JAN-20-1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: APRIL-15-1905
9. AGE (In years last birthday): 45
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLES TIPTON
13b. MOTHER'S MAIDEN NAME: SARAH ANDERSON
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: FINIS TIPTON
ADDRESS: HARRIS 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) Adenocarcinoma of uterus with metastases — INTERVAL BETWEEN ONSET AND DEATH: 8 months

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.

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19a. DATE OF OPERATION: June 1, 1950
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of uterus
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1950, *to* Jan 20, 1951, *that I last saw the deceased alive on* Jan 20, 1951, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Clark, (Degree or title): M.D.
23b. ADDRESS: Trenton, Mo.
23c. DATE SIGNED: Jan 22, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN-23-51
24c. NAME OF CEMETERY OR CREMATORY: HARRIS CEM.
24d. LOCATION (City, town, or county) (State): HARRIS MO.

DATE REC'D BY LOCAL REG.: Jan 23-51
REGISTRAR'S SIGNATURE: Irene Fair 115
25. FUNERAL DIRECTOR'S SIGNATURE: Schooler Funeral Home
ADDRESS: Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
5 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Ross Wise

Signed .....
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard 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.