

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7425
Registrar's No. 42

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

043
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia RFD 3</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE CLEO ANTRIM</u> b. (Middle) <u>HERRING</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-51</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)		8. DATE OF BIRTH <u>8-20-01</u>		9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>49</u>		11. DAYS <u>49</u>		12. HOURS <u>49</u>		13. MIN. <u>49</u>	
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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 <u>—</u>				11. BIRTHPLACE (State or foreign country) <u>Iowa / Indiana Township, Marion County</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>Baldwin, Heaton Antrim</u>				13b. MOTHER'S MAIDEN NAME <u>Bertha Mae Holliday</u>				14. NAME OF HUSBAND OR WIFE <u>George Wesley Herring</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>489-70-0542</u>				17. INFORMANT'S SIGNATURE OR NAME <u>George W. Herring, Centralia, Mo.</u>				ADDRESS <u>Centralia, Mo.</u>			
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast, rt.</u>												—				<u>2 1/2 yrs.</u>											
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.												II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				<u>170X</u>											
19a. DATE OF OPERATION												19b. MAJOR FINDINGS OF OPERATION												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) <u>Centralia Boone Mo.</u>			
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? <u>—</u>			

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Mar. 19, 1951, that I last saw the deceased alive on Mar 18, 1951, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmondson M.D.</u>				23b. ADDRESS <u>Centralia, Mo.</u>				23c. DATE SIGNED <u>Mar 19 '51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Boone, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 20-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill G. Neely</u>		ADDRESS <u>Centralia, Mo.</u>	
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1951
MAR 27 1951
M.D.

Date Received: MAR 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-610
Date Filed: MAR 27 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.....

Lois M. Meador

working under my personal supervision.

Student Embalmer No.....*379*.....

Signed.....*Lois M. Meador*.....
Student Embalmer

Signed.....*W. Boothe*.....

Licensed Embalmer No.....*4087*.....

P. O. Address.....*Sturgeon - 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.