

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 5573 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi South West</u>		<u>3 mi South West</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ressie</u>	b. (Middle) <u>M</u>	c. (Last) <u>Church</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12-1951</u>
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5. SEX <u>F m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June-9-1899</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Oak Grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Roff</u>	14. NAME OF HUSBAND OR WIFE <u>Edd Church</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)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edd Church</u>	ADDRESS <u>Oak Grove Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. <u>Carcinoma of uterus, with metastases into all abdominal organs, and into the lungs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mon.</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>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Diagnosis confirmed by biopsy at Research Hospital, K.C. Mo.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Jan. 1, 1951 to May 12, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Lester M.W.</u> (Degree or title)	23b. ADDRESS <u>Oak Grove, Mo.</u>	23c. DATE SIGNED <u>5/12, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-14-51</u>	REGISTRAR'S SIGNATURE <u>Donald C. Earnest</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb</u>	ADDRESS <u>Fernmel Home Oak Grove Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 1 RECD

JUN 24 1953

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 *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.