

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **255**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR Cape Girardeau TOWN		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR Lilbourn TOWN 4720		d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Missouri Hosp					

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) _____ c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) July 14 1951				
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15 1906	9. AGE (In years last birthday) 45	10. MONTHS 3	11. DAYS 29	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gid Coffee		13b. MOTHER'S MAIDEN NAME Canelia Johnson		14. NAME OF HUSBAND OR WIFE Alexander Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-34-7205		17. INFORMANT'S SIGNATURE OR NAME Alexander Williams Lilbourn, Mo.	

18. CAUSE OF DEATH Enter one on each 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Rt ovary			INTERVAL BETWEEN ONSET AND DEATH ?
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Abd Carcinomatosis			?
		DUE TO (c)			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X			

19a. DATE OF OPERATION 7-13-51	19b. MAJOR FINDINGS OF OPERATION Generalized abdominal Carcinomatosis				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 **7-10, 1951 to 7-14, 1951**, that I last saw the deceased alive on **7-14, 1951**, and that death occurred at **12:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Hall M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 7-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-20-51	24c. NAME OF CEMETERY OR CREMATORY Fannie Powell	24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.	
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DATE REC'D BY LOCAL REG. 7-17-1951	REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.		ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0164
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RECEIVED

JUL 24 1951

JUL 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.

JUL 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

working under my personal supervision.

Student Embalmer No.

Signed Harner I. Pender

Signed.....
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.