

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22652

State File No. ....

FILED AUG 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4183 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u> <u>0360</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print). a. (First) <u>VIOLA</u> b. (Middle) <u>VIRGINIA</u> c. (Last) <u>KERANS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> , <u>23</u> , 19 <u>51</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 9, 1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>
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>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>OTTO HOUSMAN</u>	13b. MOTHER'S MAIDEN NAME <u>LULU WHITLOCK</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM KERANS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM KERANS, Pacific, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of the CERVIX &amp; metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) <u>See anemia - Maxeria</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>See anemia - Maxeria</u>			<u>171X</u>

19a. DATE OF OPERATION <u>Nov. 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA of the pelvic organs</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 July, 1950, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 12 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. McKee M.D.</u>	23b. ADDRESS <u>Pacific, Mo.</u>	23c. DATE SIGNED <u>July 24, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 25-51</u>	REGISTRAR'S SIGNATURE <u>Mary B. Cross</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. L. Shields Pacific, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

JUL 31 1951

RECEIVED

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Geo. L. Hughes*

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.