

STANDARD CERTIFICATE OF DEATH

State File No. 27807

FILED SEP 12 1951

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 279

1. PLACE OF DEATH
a. COUNTY Pettis 0804

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Pettis

b. CITY (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 8 weeks

c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0800

d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital

d. STREET ADDRESS (If rural, give location) 1124 W. 2nd 1

3. NAME OF DECEASED
a. (First) Helen b. (Middle) W. c. (Last) SIMON

4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Sept-1-1890

9. AGE (In years last birthday) 60 Months 11 Days 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sedalia Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Charles Simon

13b. MOTHER'S MAIDEN NAME Anna Martin

14. NAME OF HUSBAND OR WIFE

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. 496-03-7942

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Josephine Simon 1124 W. 2nd

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) B Recurrent Carcinoma of the Rt. Ovary
(Operated four years ago in Kansas City, Mo.)
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 Malnutrition.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

I year.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
None here. Medical treatment only. 175X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.

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) (Minute) None

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 over 1 Year 19 to August 28th 51, that I last saw the deceased alive on same day, 19, and that death occurred at 1.30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D. Jno B. Carlisle M.D.

23b. ADDRESS Sedalia, Missouri.

23c. DATE SIGNED 8-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-30-51

24c. NAME OF CEMETERY OR CREMATORY Crown Hill

24d. LOCATION (City, town, or county) (State) Sedalia Mo

DATE REC'D BY LOCAL REG. 8-30-51

REGISTRAR'S SIGNATURE J. B. Carlisle M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Bros Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-11-51 _____

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 K P McCreary

Signed _____
Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Dedalia 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.