

FILED OCT 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30592

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 192

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 10 Wks.		d. STREET ADDRESS (If rural, give location) Rural Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) Bell c. (Last) GOLDMAN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 14, 1900		9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		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) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Anderson J. Crowe		13b. MOTHER'S MAIDEN NAME Ollie Powell		14. NAME OF HUSBAND OR WIFE Bart Goldman	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bart Goldman Rt. #1 Carthage, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES primary in cervix uteri		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 171X			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 21 July '51, to 3 Oct '51, 19__, that I last saw the deceased alive on 2nd Oct '51, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. B. Clinton, MD</i>		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 4 Oct '51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-4-1951		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	
24d. LOCATION (City, town, or county) N.E. of Carthage, Mo.		(State)			

DATE REC'D BY LOCAL REG. 10-5-51		REGISTRAR'S SIGNATURE <i>H. B. Clinton, MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.	
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RECEIVED 10-9-51
Wasper County Health Office

County File Number 51/10/281

Date Filed 10-9-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Ray G. Rose*

Licensed Embalmer No. *4779*

P. O. Address *Carthage, 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.