

STANDARD CERTIFICATE OF DEATH

34069

State File No.

FILED OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 196

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) Carthage

c. LENGTH OF STAY (in the place) 45 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper

d. STREET ADDRESS (If rural, give location) 0490

3. NAME OF DECEASED (Type or Print)

a. (First) Deela b. (Middle) _____ c. (Last) Heer

4. DATE OF DEATH (Month) (Day) (Year) October 10, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 18, 1881 9. AGE (In years last birthday) 70 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hour Min.

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

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. M. Cline 13b. MOTHER'S MAIDEN NAME Elenor Fairfield 14. NAME OF HUSBAND OR WIFE Charles Heer

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. _____

17. INFORMANT'S SIGNATURE OR NAME Charles Heer, Jasper, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of gall bladder, and liver

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.

INTERVAL BETWEEN ONSET AND DEATH 5 mo

19a. DATE OF OPERATION Sept 8 '51 19b. MAJOR FINDINGS OF OPERATION Cancer of gall bladder 155 X 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) 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 Aug 30, 1951, to Oct 10, 1951 that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood MD 23b. ADDRESS Carthage Mo 23c. DATE SIGNED Oct 15 '51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-12-51 24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery 24d. LOCATION (City, town, or county) (State) Purcell Mo.

DATE REC'D BY LOCAL REG. 10-16-51 REGISTRAR'S SIGNATURE L B Clinton MD 25. FUNERAL DIRECTOR'S SIGNATURE Martin Selvey ADDRESS Sharp & Selvey Jasper, Mo.

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

RECEIVED 10-24-51
Jasper County Health Office

County File Number 51/10/805

Date Filed 10-25-51

NOV 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

P. O. Address *Lockwood, 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.