

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Oak Grove
c. LENGTH OF STAY 1 1/2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Oak Grove
d. STREET ADDRESS 0480

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Ellen c. (Last) Humbert

4. DATE OF DEATH (Month) (Day) (Year)
Nov 15-51

5. SEX F m 6. COLOR OR RACE w

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH Dec-9-68

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
South Dakota

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Wm Gater

13b. MOTHER'S MAIDEN NAME
Unknown

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Dorothy Jacobi, Oak Grove Mo

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) Carcinomatosis, abdominal.
ANTECEDENT CAUSES
Morbidity 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
18 mo.

19a. DATE OF OPERATION
Aug. 1951

19b. MAJOR FINDINGS OF OPERATION
Carcinomatosis, abdominal

20. AUTOPSY? YES NO X

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 29, 1951, to Sept 9, 1951, and that death occurred at 1:30 pm., from the causes and on the date stated above.

23a. SIGNATURE
James W. Williams MD (Degree or title)

23b. ADDRESS
Oak Grove Mo

23c. DATE SIGNED
11-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
Nov-17-51

24c. NAME OF CEMETERY OR CREMATORY
Oak Grove

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

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
11-17-51 Donald C. Gooden

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Funeral Home Oak Grove Mo

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

480

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.....

*R B With*

Signed.....

Student, Embalmer

Licensed Embalmer No. *2353*

P. O. Address *Blue springs*

**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.