

STANDARD CERTIFICATE OF DEATH

State File No. **42136**

FILED DEC 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Odessa</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Odessa</b>	<b>0540</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gertrude</b> b. (Middle) <b>Tracy</b> c. (Last) <b>Tracy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1951</b>	
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5. SEX <b>Fe / W</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>Jan. 9, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 12 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri D</b>		12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>B.M. Cobb</b>		13b. MOTHER'S MAIDEN NAME <b>Naona Law</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>A. C. Tracy, Odessa, Mo</b>			
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cyst adenoma of ovary</b>			INTERVAL BETWEEN ONSET AND DEATH
	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.  <b>216X</b>			

19a. DATE OF OPERATION <b>Oct 31-1951</b>	19b. MAJOR FINDINGS OF OPERATION <b>Exploratory &amp; removed ovary</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>No injury</b>
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22. I hereby certify that I attended the deceased from Jan 1, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Martin</b>		(Degree or title)	23b. ADDRESS <b>Odessa, Mo</b>	23c. DATE SIGNED <b>12-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 23, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Odessa, Mo.</b>	
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DATE REC'D BY LOCAL REG <b>Dec 22-51</b>	REGISTRAR'S SIGNATURE <b>Emma Davidson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Human Sparks</b>	ADDRESS <b>Odessa, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James A. Heiman* .....

Licensed Embalmer No. *2541* .....

P. O. Address. *Adena, W. Va.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.