

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1862

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 11

1540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		c. LENGTH OF STAY (in this place) 27 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		0549
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home (1st house North of City Park)			d. STREET ADDRESS (If rural, give location) 188 House North City Park (Waverly) Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Elizabeth c. (Last) Kuba			4. DATE OF DEATH (Month) (Day) (Year) 1-29-52		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22 1874		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 2 Days 7 IF UNDER 1 HR. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Czecho-Slovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anton Simmons		13b. MOTHER'S MAIDEN NAME Francis Ginscile		14. NAME OF HUSBAND OR WIFE Joseph Kuba.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Joseph Kuba (Waverly Mo.) ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary and surrounding area 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 175X	
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 <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 Jan 2, 1952 , to Jan 29, 1952 , that I last saw the deceased alive on Jan 29, 1952 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Dr. Waverly (Degree or title)			23b. ADDRESS Waverly		23c. DATE SIGNED 1/30/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-52	24c. NAME OF CEMETERY OR CREMATORY: Waverly Cemetery		24d. LOCATION (City, town, or county) (State): Waverly Mo.	
DATE REC'D BY LOCAL REG. Jan 31-1952		REGISTRAR'S SIGNATURE Dayton H. Landrum 154		25. FUNERAL DIRECTOR'S SIGNATURE Marshall F. Home ADDRESS (Carrollton Mo.)	

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 P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.