

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6009

State File No.

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 11

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Phelps</u>	b. STATE <u>Missouri</u>		d. COUNTY <u>Phelps</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (N. Dillon)</u>	c. LENGTH OF STAY (In this place) <u>Life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (N. Dillon)</u> <u>0810</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>Rosalie</u>	c. (Last) <u>Magnin</u>	4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>7</u> (Year) <u>1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 29-1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Bender</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Cesar Magnin</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cesar Magnin, St. James, Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>adenocarcinoma ovary</u>	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.			

19a. DATE OF OPERATION <u>10/22/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma (cystic) ovary</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>175X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>175X</u>
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22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Feb. 7, 1952, that I last saw the deceased alive on Feb. 7, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James D. Butts M.D.</u>	23b. ADDRESS <u>St. James, Mo</u>	23c. DATE SIGNED <u>Feb. 14, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flat Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 29, 52</u>	REGISTRAR'S SIGNATURE <u>Cara C. Birmingham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Jesse Baker, St. James, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

County File Number
Date Filed 3-4-52

NOV 29 1951

MAR 7 1952

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 *A. Jesse Gahr*

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, 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.