No. 300
10-48

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7172

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 136

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim-Smith Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browning 0580
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Dorcas
b. (Middle): Rachael
c. (Last): Harvey

4. DATE OF DEATH (Month) (Day) (Year): April 2 1952

5. SEX: 1
6. COLOR OR RACE: M
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: Sept 24, 1868
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Duplicate
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James W. Gooch
13b. MOTHER'S MAIDEN NAME: Rebecca Robinson
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jay Harvey Browning, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abscess, intra abdominal — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation of colon — ?
DUE TO (c) Carcinoma, descending colon — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, fecalith, Intestinal obstruction

19a. DATE OF OPERATION: 4/1/52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of descending colon c̄ obstruction and abscess
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153 X

22. *I hereby certify that I attended the deceased from* March 27, 1952, *to* April 2, 1952, *that I last saw the deceased alive on* April 2, 1952, *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. J. Kemp (Degree or title) M.D.
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 4/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 4, 52
24c. NAME OF CEMETERY OR CREMATORY: Jenkins
24d. LOCATION (City, town, or county) (State): Browning Mo

DATE REC'D BY LOCAL REG.: 4-4-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wade Funeral Home Browning

(Licensed Embalmer's Statement on Reverse Side)

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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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning, Me.

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.