

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13774

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 120

804  
1

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1017 So. Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1017 So. Ohio</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>Kerswell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 8-1869</u>	
9. AGE (in years last birthday) <u>83</u>		if UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		if UNDER 24 HRS. Hours <u></u> Min. <u></u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Nowalk England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Morris Normer</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Kerswell</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Kerswell</u>		ADDRESS <u>Sedalia</u>	
---	--	-------------------------------------	--	---	--	------------------------	--

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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ovarian Cancer, Carcinoma, of long duration, with ascites. A dark brown fluid withdrawn from abdomen by paracentesis, on two occasions.</u>							
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
		DUE TO (b) <u>Cancer of ovary.</u>							
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease, severe of long standing.</u>							

19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>No Operation. Laboratory report on autopsy not received.</u>						20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
-------------------------------------	--	--	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No to all.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No Injury.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>No Injury.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No Injury.</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>	
--	--	--	--	---	--	---	--	--	--	--	--

22. I hereby certify that I attended the deceased from Mch. 4, 1951 to Mch. 27, 1952, that I last saw the deceased alive on Mch. 26, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. B. Trader, M.D.</u>		23b. ADDRESS <u>112 West 4th Sedalia Mo.</u>		23c. DATE SIGNED <u>4.11.1952</u>	
--	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	
---	--	--	--	---	--	------------------------	--

**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 K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Seidalia 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.