

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19552**

No. 300
10.48
FILED JUL 14 1952

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 731	
1. PLACE OF DEATH a. COUNTY Barchonan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		638c	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hosp				d. STREET ADDRESS (If rural, give location) i			
3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) — c. (Last) Workman			4. DATE OF DEATH (Month) (Day) (Year) 6-26-52				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov 5 1875	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. KIND OF BUSINESS OR INDUSTRY same		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hardy Lawson			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Henry Workman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Workman King City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas 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. Arterio-sclerosis & hypertension					INTERVAL BETWEEN ONSET AND DEATH 1 yr
19a. DATE OF OPERATION 6/25/52		19b. MAJOR FINDINGS OF OPERATION digestible carcinoma of pancreas with multiple metastases throughout abdomen				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from 6/24, 1952 to 6/26, 1952 , that I last saw the deceased alive on 6/26, 1952 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. T. Bloomer, M.D.				23b. ADDRESS 1218 N. 3rd St., St. Joseph, Mo.		23c. DATE SIGNED 6/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-26-52		24c. NAME OF CEMETERY OR CREMATORY Henry City		24d. LOCATION (City, town, or county) (State) King City Mo	
DATE REC'D BY LOCAL REG. July 8, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. H. Maggart King City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

117
0

APR 23 1953

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.

Signed R. G. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.