

AUG 4 1952		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		State File No. 23614	
BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 195	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Boone				a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) Columbia				c. CITY (If outside corporate limits, write RURAL and give township) Carrollton			
c. LENGTH OF STAY (in this place) 16 days				d. STREET ADDRESS (If rural, give location) 814 South Main			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel Cancer Hosp.							
3. NAME OF DECEASED		a. (First) Ripley		b. (Middle) Grace		c. (Last) Adkins	
(Type or Print)						4. DATE OF DEATH (Month) (Day) (Year) July 27 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 18, 1907	
9. AGE (If under 1 year, last birthday) 45		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Oakenda, Missouri	
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Mrs. Adkins		13b. MOTHER'S MAIDEN NAME Mary E. Adkins		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 514-09-8044		17. INFORMANT'S SIGNATURE OR NAME Hospital Records		ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head of Pancreas with metastases			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				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.				151X			
19a. DATE OF OPERATION 7-18-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma Head of Pancreas, Obstructive		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Carrollton		(COUNTY) (STATE)	
21d. TIME OF INJURY 7-18-52		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 7-11, 1952, to 7-26, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 12:59 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph H. Lesser M.D.		(Degree or title)		23b. ADDRESS Ellis Fischel Cancer Hosp. Carrollton		23c. DATE SIGNED July 27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 27 1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) Carrollton (State) Mo	
DATE REC'D BY LOCAL REG. July 27 1952		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service		ADDRESS Columbia 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

Clarence M. Billo

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.