.S. No. 300
ev. 10.48

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

FILED SEP 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Marshall

State File No. 27752

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2000 Registrar's No. 782

1. PLACE OF DEATH
a. COUNTY 0396 0 GREENE
b. CITY OR TOWN Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene 096
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 0
d. STREET ADDRESS (If rural, give location) 820 Roanoke

3. NAME OF DECEASED (Type or Print)
a. (First) GRACE
b. (Middle) ZETA
c. (Last) MATHEWS

4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 26, 1882
9. AGE (In years last birthday) 69 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Terre Haute, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Crowley
13b. MOTHER'S MAIDEN NAME Catherine Lorden
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Dick Mathews, 1420 N. Sherman — ADDRESS

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) Carcinoma of liver secondary — INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca Carcinoma of Rectum — 14 mo.
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
19b. MAJOR FINDINGS OF OPERATION 154X
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?

22. *I hereby certify that I attended the deceased from* 6-16, 1951, *to* 8-23, 1952, *that I last saw the deceased alive on* 8-23, 1952, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Homer C. Marshall, M.D.
23b. ADDRESS Professional Bldg.
23c. DATE SIGNED 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/26/52
24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
24d. LOCATION (City, town, or county) (State) Jonesboro, Ark.

DATE REC'D BY LOCAL REG. 8-25-52
REGISTRAR'S SIGNATURE Deputy Registrar Faith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Lohmeyer — **ADDRESS** Springfield

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.