

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28746

State File No. ....

630  
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AUG 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4219 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>MARIES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARIES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>ORPHA</b>	b. (Middle) <b>FRANCIS</b>	c. (Last) <b>GIECK</b>	(Month) <b>8</b>	(Day) <b>6</b>	(Year) <b>52</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED <b>DIVORCED</b>	8. DATE OF BIRTH <b>APRIL 23-1886</b>	9. AGE (In years last birthday) <b>66 yrs</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>F, M. COOPER</b>	13b. MOTHER'S MAIDEN NAME <b>EMMILY J. LETTERMAN</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>493-32-7932</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. OLLIE HARRISON, ST. JAMES</b>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of both Mammary glands.</b>		DUPLICATE		<b>5 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		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)	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 1950 to 8/6, 1952, that I last saw the deceased alive on 8/6, 1952, and that death occurred at 10:10 a.m. from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. Schaubert</b> (Degree or title)	23b. ADDRESS <b>Belle, Mo</b>	23c. DATE SIGNED <b>8/7/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8/8/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LIBERTY CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>BELLE, MARIES COUNTY, MO.</b>		

DATE REC'D BY LOCAL REG. <b>8-9-52</b>	REGISTRAR'S SIGNATURE <b>Pauline Horvath</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SASSIANT'S FUNERAL SERVICE, BELLE</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Chester Sasser

Licensed Embalmer No. 4178

P. O. Address Bland - 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.