

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30560

FILED SEP 2-1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 114	
1. PLACE OF DEATH a. COUNTY <i>Vernon</i> 1080 2				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Lawrence</i> 550			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wash. Township</i>		c. LENGTH OF STAY (In this place) <i>0-1-4</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>La Russell</i> 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital 3</i>				d. STREET ADDRESS (If rural, give location) <i>unknown</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clara</i> b. (Middle) <i>Cordelia</i> c. (Last) <i>Hitegas</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>26 1952</i>				
5. SEX <i>F</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>5-9-1887</i>	
9. AGE (In years last birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>		11. BIRTHPLACE (City and State of Foreign Country) <i>Nashville Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Elza Hughes</i>		13b. MOTHER'S MAIDEN NAME <i>Jane Harris</i>		14. NAME OF HUSBAND OR WIFE <i>Housewife</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>State Hospital 3 Nevada Mo</i>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cancer right Breast</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>metastasis of cancer</i> 8. mo. II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <i>Psychotic Reaction</i> 4 months					
19a. DATE OF OPERATION <i>3 years ago</i>		19b. MAJOR FINDINGS OF OPERATION <i>Cancer R. Breast</i>			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 <i>8-25</i> , 1952, to <i>8-26</i> , 1952, that I last saw the deceased alive on <i>8-26</i> , 1952, and that death occurred at <i>3:15 AM.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>George H. Keeler Wilson MD</i> (Degree or title)				23b. ADDRESS <i>State Hospital 3</i>		23c. DATE SIGNED <i>8-26-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 28 52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Marys</i>		24d. LOCATION (City, town, or county) (State) <i>Pierce City Mo</i>	
DATE REC'D BY LOCAL REG. <i>8-27-52</i>		REGISTRAR'S SIGNATURE <i>Anna E. Ferry 45</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wilks Bros Pierce City Mo</i>			

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

MAY 1 1957

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 *Henry F. Milster*
Licensed Embalmer No. 4803

P. O. Address Nevada, 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.