

U.S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30912**

0130
1

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

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4065** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Caldwell County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Polo	c. LENGTH OF STAY (If this place)	c. CITY (If outside corporate limits, write RURAL and give township) Polo	0130
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) Roberta c. (Last) Switzer			4. DATE OF DEATH (Month) (Day) (Year) 9 25 52		
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-21-69	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Hamilton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME T. B. Hill		13b. MOTHER'S MAIDEN NAME Helen Hill		14. NAME OF HUSBAND OR WIFE Frank L. Switzer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME T. Norton Switzer	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Gall Bladder and Bile Ducts with metastases to Liver		INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis			
		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? 155X	

22. I hereby certify that I attended the deceased from **Aug. 24, 1952**, to **Sept 27, 1952**, that I last saw the deceased alive on **Sept. 24, 1952**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Goldberg M.D. (Degree or title)		23b. ADDRESS Raymer, Mo.		23c. DATE SIGNED 9/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-27-52		24c. NAME OF CEMETERY OR CREMATORY Cawgill Cemetery	
24d. LOCATION (City, town, or county) Cawgill		24e. LOCATION (City, town, or county) Mo.			
DATE REC'D BY LOCAL REG. Oct 1-52		REGISTRAR'S SIGNATURE Blady's Jones		25. FUNERAL DIRECTOR'S SIGNATURE Alpaugh + Cowley	
				ADDRESS Polo, 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.....

ERWIN L. TROWITCH

working under my personal supervision.

Signed *Garrod L. Nowlan*
Student Embalmer

Student Embalmer No. *443*

Signed *Bernard J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Braymer*

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.