

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31350

State File No.

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 914

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place)		0326	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1631 W. Chestnut</u>		d. STREET ADDRESS (If rural, give location) <u>1631 W. Chestnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RETTA</u>	b. (Middle)	c. (Last) <u>SELF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3 Feb. 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Burdette</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Self</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Self</u>	ADDRESS <u>Springfield, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix Uteri with Metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>Nov. 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Note - X-ray therapy at Ellis Fischel Cancer Hospital</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from November, 1952, to Oct. 9, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>J. Newton Wakenan M.D.</u>	23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>10-10-52</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HOPE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PLEASANT HOPE, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-10-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williams Deputy Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. KLINGNER & CO.</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1952

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 Ms Catherine Hingner

Licensed Embalmer No. 3719

P. O. Address Spdy. 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.