

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35505

State File No. ....

**FILED NOV 3 1952** REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4252 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edena</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edena</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0559</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) <u>Maude</u> c. (Last) <u>Cloak</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 - 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 19<sup>th</sup> 1889</u>
9. AGE (In years last birthday) <u>63</u> Months <u>2</u> Days <u>9</u>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursekeyer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox City Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Elera Allenworth</u>	
13b. MOTHER'S MAIDEN NAME <u>Lottie Shouse</u>		14. NAME OF HUSBAND OR WIFE <u>John Cloak</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Cloak - Edena Mo</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Overwhelming Toxemia</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Pancreas</u>			
Morbidity conditions, if any, giving 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		19b. MAJOR FINDINGS OF OPERATION: <u>154X</u>	
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 <u>Oct. 26, 1952</u> , to <u>Oct. 27, 1952</u> , that I last saw the deceased alive on <u>Oct. 27, 1952</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles W. Groome M.D.</u>		23b. ADDRESS <u>Edena Mo</u>	23c. DATE SIGNED <u>10/28/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 29-52</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hundt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Puttling's Used</u> ADDRESS <u>Kahaha Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0520

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 Alvin L. Gutting

Licensed Embalmer No. 2965-

P. O. Address Leicester, Mass.

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.