

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36456**
Registrar's No. **9646**

NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-----------------------------|-------------|-----------------------|------------------|-------------------|-----------------|------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Elizabeth | b. (Middle) | c. (Last) Hays | 4. DATE OF DEATH | (Month) 10 | (Day) 18 | (Year) 52 |
|-------------------------------------|-----------------------------|-------------|-----------------------|------------------|-------------------|-----------------|------------------|

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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH July 16, 1890 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Thomas Norman | 13b. MOTHER'S MAIDEN NAME Lucy Johnson | 14. NAME OF HUSBAND OR WIFE Burton |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Charles Hays | ADDRESS Montgomery City, Mo. |
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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) Carcinoma of Colon | DUE TO (b) _____ | | |
| ANTECEDENT CAUSES Asthenic 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 153x |

22. I hereby certify that I attended the deceased from 10/11, 1952, to 10/18, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE F. R. Oakley | (Degree or title) M.D. | 23b. ADDRESS Barnes Hospital | 23c. DATE SIGNED 10/18/52 |
|------------------------------------|-------------------------------|-------------------------------------|----------------------------------|

| | | | |
|--|---------------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-19-52 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Montgomery City, Mo. |
|--|---------------------------|------------------------------------|---|

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|---|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. OCT 20 1952 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | ADDRESS 4700 Washington Blvd |
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(Licensed Embalmer's Statement on Reverse Side)

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

John J. Harris

Licensed Embalmer No. 4108

P. O. Address St. Louis 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.