No. 300
10.48

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

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. FARRELL

State File No. 1057

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 53-D

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 4 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. VIEW 0460
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): GILBERT
b. (Middle): ROY
c. (Last): HENRY

4. DATE OF DEATH (Month) (Day) (Year): JAN. 17, 1953

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /

8. DATE OF BIRTH: JAN. 28, 1881

9. AGE (In years last birthday): 71
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: MACHINIST

11. BIRTHPLACE (City and State or Foreign Country): IDAHO /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES GILBERT HENRY

13b. MOTHER'S MAIDEN NAME: MARGARET JANE MOFFETT

14. NAME OF HUSBAND OR WIFE: EFFIE HENRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: MRS. EFFIE HENRY
ADDRESS: MT. VIEW, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastatic Adeno Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno Carcinoma Sigmoid primary
DUE TO (c) Multiple Polyposis Colon /

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
153X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma Sigmoid Colon

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Jan 17, 1952, *that I last saw the deceased alive on* Jan 17, 1952 *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Farrell 0 (Degree or title): M.D.

23b. ADDRESS: Springfield Mo

23c. DATE SIGNED: 1-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 1/19/53

24c. NAME OF CEMETERY OR CREMATORY: CORINTH CEMETERY

24d. LOCATION (City, town, or county) (State): PLEASANT GROVE, MISSOURI

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar

25. FUNERAL DIRECTOR'S SIGNATURE: H.H. LOHMEYER
ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.