

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5623 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Locust Hill Mo</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Locust Hill Mo, 0523</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence Salt Pines 11113</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ora</u>	b. (Middle) <u>May</u>	c. (Last) <u>Aucutt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1953</u>	
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 12, 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u>	IF UNDER 1 MIN. Min. <u>0</u>
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joe Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Nickell</u>		14. NAME OF HUSBAND OR WIFE <u>W. E. Aucutt</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Aucutt</u>		ADDRESS <u>Hurdland Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Nov-1952 to Jan 29 1953</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Complications due to</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of stomach</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</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) (Min.)			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 Nov 1952 to Jan 29 1953 that I last saw the deceased alive on Jan 28 1953 and that death occurred at 7:24 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Holmes D.D.</u>		(Degree or title)		23b. ADDRESS <u>Navelby Mo</u>		23c. DATE SIGNED <u>Jan 30 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 31, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Hill cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Locust Hill Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 31-53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt 151</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Primer</u>		ADDRESS <u>Edina, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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: *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.