

FILED FEB 26 1953

STANDARD CERTIFICATE OF DEATH

7367

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1569**

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

3. NAME OF DECEASED (Type or Print) <b>HELEN MAE BONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 7, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept-14-1930</b>	9. AGE (In years last birthday) <b>22</b>	10. UNDER 1 YEAR Months <b>4</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Farmington, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>George Caringer</b>	13b. MOTHER'S MAIDEN NAME <b>Amba Horton</b>	14. NAME OF HUSBAND OR WIFE <b>Firmin Bone</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Amba Caringer Cantwell, Mo</b>
		ADDRESS

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix - Stage IV</b>		<b>9 months</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>11/24/52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinomatous &amp; Pelvic abscess</b>	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 <b>171X</b>

22. I hereby certify that I attended the deceased from **11-9-52**, 19\_\_\_\_, to **2-7-53**, 19\_\_\_\_, that I last saw the deceased alive on **2-7-53**, 19\_\_\_\_, and that death occurred at **5:51 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George E. Spencer M.D.</b>	(Degree or title)	23b. ADDRESS <b>1515 Lafayette Ave.</b>	23c. DATE SIGNED <b>2-9-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Feb 10, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belgrade Baptist Ceme</b>	24d. LOCATION (City, town, or county) (State) <b>Belgrade, Missouri</b>
DATE REC'D BY LOCAL REG. <b>FEB 10 1953</b>	REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SPARKS F. HOME</b>	ADDRESS <b>Flat River, Mo</b>

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

*Murphy Spence*

Licensed Embalmer No.

*4256*

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.