

STANDARD CERTIFICATE OF DEATH

State File No. **15017**

FILED APR 22 1953

BIRTH NO.

REG. DIST. NO. **210**PRIMARY REG. DIST. NO. **4322**Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) 3 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0650		d. STREET ADDRESS (If rural, give location) Princeton, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital					
3. NAME OF DECEASED (Type or Print) Ordway		a. (First) Pauline	b. (Middle) Sparks	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 16, 53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1905	9. AGE (In years) (Months) (Days) (Hours) (Min.) 47	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Harrison Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George W. King		13b. MOTHER'S MAIDEN NAME Jessie Wishon	14. NAME OF HUSBAND OR WIFE Eldon Sparks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 497-30-6108	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eldon Sparks Mercer, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	ANTECEDENT CAUSES Morbid 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. Metastases to brain				2 wks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X			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 March 6, 1953 , to April 16, 1953 , that I last saw the deceased alive on April 16, 1953 , and that death occurred at 8 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Martin Funeral Home M. D.			23b. ADDRESS Princeton, Mo.		23c. DATE SIGNED 4/17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-20-53	24c. NAME OF CEMETERY OR CREMATORY London Ceme.	24d. LOCATION (City, town, or county) (State) Princeton, Mo.		
DATE REC'D BY LOCAL REG. 4-19-53	REGISTRAR'S SIGNATURE Paul Sparks		393	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

650

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..... *Grant Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Winchester, Md.*.....

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.