

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18736**

FILED MAY 26 1953

BIRTH NO.		REG. DIST. NO. <u>210</u>	PRIMARY REG. DIST. NO. <u>4322</u>	Registrar's No. <u>34</u>
1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) Princeton		c. CITY (If outside corporate limits, write RURAL and give township) Harrison twp. 0650		
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital				
3. NAME OF DECEASED (Type or Print) Hattie		a. (First)	b. (Middle)	c. (Last) Walter
4. DATE OF DEATH (Month) (Day) (Year) 5-20-53				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 5-16-1878	9. AGE (In years, month, day) 75
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) New York State	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Kildee		13b. MOTHER'S MAIDEN NAME Harriett Arnold		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Harry Hughes Cainville, 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) <u>Cancerous of Uterus</u> 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. <u>Metastasis to bladder + Pelvis</u>		INTERVAL BETWEEN ONSET AND DEATH 6 mo 3 mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 174 X		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 <u>Feb 24, 1953</u> , to <u>May 20, 1953</u> , that I last saw the deceased alive on <u>May 20, 1953</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. ...</u>		23b. ADDRESS <u>Princeton, Mo.</u>		23c. DATE SIGNED <u>5/22/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>
DATE REC'D BY LOCAL REG. <u>5-24-53</u>		REGISTRAR'S SIGNATURE <u>Paul ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Noel Moss Princeton, Mo</u>

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 _____

Neil Moss

Licensed Embalmer No. *2634*

P. O. Address *Princeton, N.J.*

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.