

FILED AUG 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24407

State File No. 7/2

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 7/2	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Spokane		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL				e. STREET ADDRESS (If rural, give location) NO STREET ADDRESS 0-2-20 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Winnie		b. (Middle) Carsten		c. (Last)	
4. DATE OF DEATH		8/1/53		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH MARCH 2 - 1906		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days Hours Min.	
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) SPOKANE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Selby Roberts		13b. MOTHER'S MAIDEN NAME Sarah Davis		14. NAME OF HUSBAND OR WIFE William Carsten			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Carsten, Spokane, Missouri			
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) Toxemia Carcinoma of ovary and annular carcinoma of lower sigmoid. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) annular carcinoma of lower sigmoid. DUE TO (c) 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 7/30/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary and Annular Rt. Oophorectomy and Colostomy.				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) m.	
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 7/28/53, to 8/1/53, 19, that I last saw the deceased alive on 8/1/53, 19, and that death occurred at 12:15 AM from the causes and on the date stated above.							
23a. SIGNATURE William A. Nettleton (Degree or title)				23b. ADDRESS 700 E. Sunshine Springfield, Mo.		23c. DATE SIGNED 8/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUGUST 2-53		24c. NAME OF CEMETERY OR CREMATORY SPOKANE CEMETERY		24d. LOCATION (City, town, or county) SPOKANE, MO. (State)	
DATE REC'D BY LOCAL REG. 8-4-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.			

(Signed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
John Dean Harris

Licensed Embalmer No. *4390*

P. O. Address *Cleves, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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