

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14670

BIRTH NO. _____		REG. DIST. NO. 357		PRIMARY REG. DIST. NO. 6211		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Texas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Roubidoux		c. LENGTH OF STAY (In this place) wife		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Roubidoux ¹⁰		d. STREET ADDRESS (If rural, give location) 1 mi S. of Roubidoux	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) ZEIDA		b. (Middle) VIOLA		c. (Last) MACE	
4. DATE OF DEATH		(Month) April		(Day) 21		(Year) 1954	
5. SEX Fe		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 16, 1911	
9. AGE (In years, last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		11. BIRTHPLACE (State or foreign country) Plato, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (State or foreign country) Plato, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Brian		13b. MOTHER'S MAIDEN NAME Samantha York		14. NAME OF HUSBAND OR WIFE Jasper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-22-9562		17. INFORMANT'S SIGNATURE OR NAME Jasper W Mace		ADDRESS Roubidoux, 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) Acute Intra Abdominal Hemorrhage				INTERNAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES				DUE TO (b) Carcinomatosis Generalized & severe secondary to Primary Carcinoma of Cervix			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Cervix			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		171X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Mar 12, 1950, to 4/19/1954, that I last saw the deceased alive on 4/19/1954, and that death occurred at 2:20 PM m., from the causes and on the date stated above.							
23a. SIGNATURE J. Burns, M.D.				23b. ADDRESS Houston, Mo.		23c. DATE SIGNED 4/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Progal		24d. LOCATION (City, town, or county) (State) Texas Co. Mo.	
DATE REC'D BY LOCAL REG. April 28 1954		REGISTRAR'S SIGNATURE Evan Pickett		FUNERAL DIRECTOR'S SIGNATURE Elliott Funeral Home		ADDRESS Houston, Mo.	

(Licensed 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
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Poulton, 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.