

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37153

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythedale</u>	
c. LENGTH OF STAY (in this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mavis</u> b. (Middle) <u>Elaine</u> c. (Last) <u>Offield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Mar. 28, 1934</u>		9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Coal City, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			

13a. FATHER'S NAME <u>Earl C. Offield</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Cross</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-38-5840</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Cook Eagleville, Mo.</u> ADDRESS <u>Eagleville, Mo.</u>	
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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, anoxemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervical spine</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
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 _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>196 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 11-9-, 1954, to 11-12, 1954, that I last saw the deceased alive on 11-12, 1954, and that death occurred at 12:52 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Throgm</u>		23b. ADDRESS <u>504 Bethany MO</u>		23c. DATE SIGNED <u>11-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blythedale, MO</u>	
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DATE REC'D BY LOCAL REG. <u>11/15/54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris 116</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold W. Rogers, Eagleville Mo</u>		ADDRESS _____	
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(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 Gerald W. Boggers.....

Licensed Embalmer No. 4762

P. O. Address Eagle Mills, 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.