

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37234

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>West Plains Mo. Lebolt</u>			
3. NAME OF DECEASED (Type or Print) <u>Geraldine</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
9		23		1954			
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wht.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
May 31, 1927		27		3		23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jasper Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John N. Peoples</u>		13b. MOTHER'S MARRIED NAME <u>Edna M. Peoples</u>		14. NAME OF HUSBAND OR WIFE <u>Harold L. Boyle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harold L. Boyle, West Plains, Lebolt</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinomatosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u> <u>20 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/20</u> , 19 <u>54</u> , to <u>9/23</u> , 19 <u>54</u> that I last saw the deceased alive on <u>7/20</u> , 19 <u>54</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Fowler M.D.</u>		23b. ADDRESS <u>914 Broadway West Plains Mo.</u>		23c. DATE SIGNED <u>Oct. 1, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery West Plains Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>11-15-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Fowler

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

R. J. Dragg
14547

Licensed Embalmer No. _____

P. O. Address _____

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.