

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39873

030

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 340	PRIMARY REG. DIST. NO. 4507	Registrar's No. 1
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie		c. LENGTH OF STAY (in this place) 2 wks.	c. CITY OR TOWN Bernie	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1030		
3. NAME OF DECEASED (Type or Print) a. (First) Amelis		b. (Middle) NMI	c. (Last) Fodge	4. DATE OF DEATH (Month) Nov. (Day) 16, (Year) 1954
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1905	9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Matthews, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sidney Atchison		13b. MOTHER'S MAIDEN NAME Ella Schaffer	14. NAME OF HUSBAND OR WIFE K Albert Fodge	
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. XXXXX XXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Fodge Dexter, Mo. R. 2	
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) Carcinoma Cervix 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.		INTERVAL BETWEEN ONSET AND DEATH 18 mo
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 Dec 19, 1953, to Nov 16, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 1:08 p.m., from the causes and on the date stated above.				
23a. SIGNATURE J L Waddell, MD (Degree or title)		23b. ADDRESS Dexter Mo		23c. DATE SIGNED 18 Nov 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-19-54	24c. NAME OF CEMETERY OR CREMATORY City cemetery	24d. LOCATION (City, town, or county) Sikeston, Mo. (State)	
DATE REC'D BY LOCAL REG. 11-18-54	REGISTRAR'S SIGNATURE Valma V. Jenkins 4091-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.		

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 *Marsh Wathens*.....

Licensed Embalmer No. *4717*

P. O. Address *Sevier M*.....

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.