

FILED FEB 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. 40053A

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5055 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LEWIS & CLARK</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Carps Creek</u>	c. LENGTH OF STAY (in this place) <u>4 months</u>	c. CITY OR TOWN <u>Pierce City</u>	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 <u>Southwest of Pierce City</u>		e. STREET ADDRESS (If rural, give location) <u>Washington ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ROSE</u> c. (Last) <u>Dombroski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 4 1954</u>		
5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-10-1970</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.
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 <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Dombroski (deceased)</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Dombroski</u> ADDRESS <u>Pierce City</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno Carcinoma Garry</u> <u>6 months</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

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)
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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?
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22. I hereby certify that I attended the deceased from Feb 6, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears M.D.</u>	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>12-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peters & Pauls</u>	24d. LOCATION (City, town, or county) (State) <u>Poloski Field, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-23-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u> <u>513</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Weasell</u> ADDRESS <u>Pierce City, Mo.</u>
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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 256-34

DATE REC. 2-27-56

FTB 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Charles Bennett.....

Licensed Embalmer No. 4

P. O. Address mouth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.