

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4594**

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD Cainsville 04/08	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany, Hospital		d. STREET ADDRESS (If rural, give location) 3 miles S. W. of Cainsville, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Meriam	b. (Middle) Catherine	c. (Last) Constable	4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1955
-------------------------------------	--------------------------	------------------------------	----------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Mercer County Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	--	--

13a. FATHER'S NAME Benjamin Samuel Johnson	13b. MOTHER'S MAIDEN NAME Sarah Alice Sullivan	14. NAME OF HUSBAND OR WIFE Harry Constable
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harry Constable	ADDRESS Cainsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma - of ovary		
	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. 175 X			

19a. DATE OF OPERATION 12-23-54	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of ovary c metastasis to lungs	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)	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 **12-20**, 19**54**, to **2-8**, 19**55**, that I last saw the deceased alive on **2-8**, 19**55**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Broyles	(Degree or title) M. D. O.	23b. ADDRESS Bethany, Missouri.	23c. DATE SIGNED 2/10/55
-------------------------------------	-----------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Glaze Cemetery	24d. LOCATION (City, town, or county) (State) Cainsville, Mo.
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG 2/19/55	REGISTRAR'S SIGNATURE Zola Burris	116	25. EMBALMER'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo.
--	--	-----	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

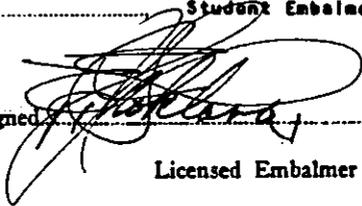
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of/by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Gainsville's, 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.