

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5584

FILED MAR 9 1955

State File No. 15

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY OR TOWN <u>Washington Twp</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		STREET ADDRESS (If rural, give location) <u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frankie</u> b. (Middle) <u>May</u> c. (Last) <u>Girdner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-55</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>9-2-1887</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. 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		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Albert McMahon</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Gannon</u>		14. NAME OF HUSBAND OR WIFE <u>Robert R. Girdner</u>	
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert R. Girdner Mill Grove, Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic adeno carcinoma of uterus</u> Interval - five years Interval between ONSET AND DEATH <u>5 years</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"/>	
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>174 X</u>	
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 July, 1956, to 2-27-1955, that I last saw the deceased alive on 2-27-, 1955, and that death occurred at 10:15pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank H. Gwalt 393 MD</u>		23b. ADDRESS <u>210 West Main, Princeton, Mo.</u>		23c. DATE SIGNED <u>3-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	
24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo</u>					

DATE REC'D BY LOCAL REG. <u>3-4-55</u>		REGISTRAR'S SIGNATURE <u>Hoel Moss</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Noel Moss Princeton, Mo</u>	
---	--	---	--	--	--

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 263

P. O. Address Pennington

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.