

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21461

State File No.

FILED JUL 20 1955

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY Cass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Henry

b. CITY OR TOWN Harrisonville, Mo. (If outside county limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 10 days

c. CITY OR TOWN Bethlehem Twsp
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION RR#m1

f. STREET ADDRESS (If rural, give location) Brownington RR #2

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Elsie c. (Last) Warburton

4. DATE OF DEATH (Month) (Day) (Year)
July 9 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH June 16 1890, 9. AGE (In years last birthday) (Months) (Days) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Holmes

13b. MOTHER'S MAIDEN NAME Rose Quick

14. NAME OF HUSBAND OR WIFE Charles Warburton (Dead)

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Warburton Deepwater, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of UTERUS
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with GENERALIZED Metastasis
DUE TO (c) 174X

INTERVAL BETWEEN ONSET AND DEATH 2 mos

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

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 July 7, 1955, to July 9, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Green, D.O.

23b. ADDRESS HARRISONVILLE, Mo.

23c. DATE SIGNED 7-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 10, 1955 24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cem.

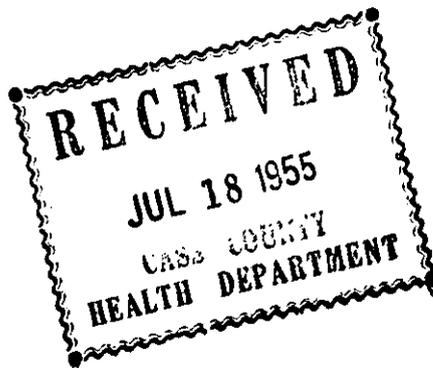
24d. LOCATION (City, town, or county) (State) Clinton, Missouri

DATE REC'D BY LOCAL REG. OFFICER July 10, 1955 REGISTRAR'S SIGNATURE Dora Barman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. E. Conner Clinton, Missouri

(Licensed Embalmer's Signature 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eugene R. Conzelmann*.....

Licensed Embalmer No. *46*.....

P. O. Address *Clinton*.....

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.