

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23359**

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FILED AUG 10 1955

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4436** Registrar's No. **15**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY St. Clair	b. CITY OR TOWN Appleton City	a. STATE Missouri	b. COUNTY St. Clair
c. LENGTH OF STAY (in this place) 2 months		c. CITY OR TOWN Rural Lowry City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ellett Hospital		e. STREET ADDRESS (If rural, give location) Chalk Level Township	

3. NAME OF DECEASED (Type or Print)	a. (First) Wiletta	b. (Middle) -	c. (Last) Radford	4. DATE OF DEATH (Month) (Day) (Year) July 29, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1899	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iconium Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles William Suiter	13b. MOTHER'S MAIDEN NAME Lillie Tuters	14. NAME OF HUSBAND OR WIFE Tatum Radford
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Tatum Radford, Lowry City Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ovarian Carcinoma DUE TO (c) 175X		
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"/>
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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 7 Nov, 1954, to 29 Jul, 1955, that I last saw the deceased alive on 29 Jul, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wiletta M. Radford</i>	(Degree or title)	23b. ADDRESS Appleton City	23c. DATE SIGNED 1 Aug 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-1-55	24c. NAME OF CEMETERY OR CREMATORY Iconium	24d. LOCATION (City, town, or county) (State) Iconium Mo
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DATE REC'D BY LOCAL REG. Aug 3 1955	REGISTRAR'S SIGNATURE <i>Oleo Abney</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold Stone, Successor</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
920
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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..... *J.B. Goodrich*

Licensed Embalmer No. *705*

P. O. Address *Osceola*

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.