

FILED OCT 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29426

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5733 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SULLIVAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u> b. (Middle) <u>CAROLYN</u> c. (Last) <u>MATILDA MESGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 30 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>JAN. 22, 1907</u>
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. <u>15</u>
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>None</u>	11. BIRTHPLACE (State or foreign country) <u>SULLIVAN RR #1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>HERMAN RISKE</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE PETERS</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK MESGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK MESGER SULLIVAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>			
ANTECEDENT CAUSES <u>Primary carcinoma in breast.</u> 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>Sept 21, 1955</u> , to <u>Sept 30, 1955</u> , that I last saw the deceased alive on <u>Sept 28, 1955</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.P. Royce MD</u> (Degree or title)		23b. ADDRESS <u>Sullivan Mo</u>	23c. DATE SIGNED <u>10-1-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>P.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
DATE REC'D BY LOCAL REG. <u>10-3-55</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>	476-11	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Meator Sullivan, Mo.</u>

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
Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.