

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33018

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Wagon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>				
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>		c. CITY OR TOWN <u>Peace Daley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>RT 1 0460</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>May Catherine</u> b. (Middle) <u>Green</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-55</u>					
5. SEX <u>♀</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>10-8-1911</u>		
9. AGE (In years last birthday) <u>44</u>		Months <u>0</u>		Days <u>23</u>		IF UNDER 24 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>Independence, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Murray</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Buck Murlow Green</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>✓</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Murlow Green, Peace Daley, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer, with Adenocarcinoma of Sigmoid with METASTASES</u> ANTECEDENT CAUSES <u>Adenocarcinoma of Sigmoid with METASTASES</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Sigmoid Resection with Colostomy 9 July 55</u>					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) <u>Peace Daley</u> (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 <u>25-6, 1955</u> to <u>31-10, 1955</u> , that I last saw the deceased alive on <u>30-10, 1955</u> , and that death occurred at <u>4:40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or Title) _____				23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>Nov 5 - 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>18</u>		24b. DATE <u>11-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) <u>Peace Daley</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. Stans</u>		ADDRESS <u>Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *A. S. Roberts*.....

Licensed Embalmer No. *312*.....  
P. O. Address *West Plains*.....

**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.**