No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34477

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: ST CLAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): APPLETON CITY
c. LENGTH OF STAY (In this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELLETT HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Henry
c. CITY OR TOWN: Urich Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8 4 1

3. NAME OF DECEASED (Type or Print)
a. (First): GERTIE
b. (Middle): W.
c. (Last): FEEBACK

4. DATE OF DEATH (Month) (Day) (Year): 10. 21. 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 17-1887
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

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): Urich Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Sherman Watson
13b. MOTHER'S MAIDEN NAME: Savannah Clark
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: W. F. Feeback
ADDRESS: Urich 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of ovary — 6 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 175X

19a. DATE OF OPERATION: June 55
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma Ovary
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) m.:
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* 1 July, 1955, *to* 21 Oct, 1955, *that I last saw the deceased alive on* 20 Oct, 1955, *and that death occurred at* 1:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Geesler, MD
23b. ADDRESS: Appleton City, Mo
23c. DATE SIGNED: 22 Oct 55

24a. BURIAL, CREMATION, REMOVAL:
24b. DATE: 23. oct. 1955
24c. NAME OF CEMETERY OR CREMATORY: Urich Cemetery
24d. LOCATION (City, town, or county) (State): Urich Mo

DATE REC'D BY LOCAL REG.: Oct. 22-1955
REGISTRAR'S SIGNATURE: Olie Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. J. Brown. Urich. Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 309

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.