

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35906

State File No.

FILED NOV 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5040</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (exeter)</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Exeter</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 _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u>			b. (Middle) <u>MAY</u>		c. (Last) <u>SHOWALTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1955</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>March 9, 1903</u>		9. AGE (In years last birthday) <u>52</u>	10. MONTHS <u>52</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McDonald County, Mo.</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>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McDonald County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mont Clifford Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Della Rose Woodard</u>		14. NAME OF HUSBAND OR WIFE <u>Orie Showalter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Orie Showalter-Exeter, Missouri</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix Uteri (Squamous)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION <u>Post Surgical</u> <u>3 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>171X</u>	
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) _____		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>3-16, 1955</u> , to <u>11-16, 1955</u> , that I last saw the deceased alive on <u>11-15, 1955</u> , and that death occurred at <u>8:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Del. Harris, DO</u> (Degree or title)				23b. ADDRESS <u>Exeter, Mo</u>		23c. DATE SIGNED <u>11-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-19-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McDonald County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-26-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Henbest</u>		ADDRESS <u>Camille, Mo</u>	

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1155-365

DATE REC. 11-28-55

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 Paul D. Henbest

Licensed Embalmer No. 457

P. O. Address Cassville

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.