

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22709**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery	
b. CITY OR TOWN Mexico <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If rural, give location) Water Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FRANCES	b. (Middle) JO	c. (Last) MCCORD	(Month) July	(Day) 23	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 6 1921	9. AGE (In years last birthday) 34	# UNDER 1 YEAR 8 Months 17 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and State or Foreign Country) Laddonia Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Roy Talbott	13b. MOTHER'S MAIDEN NAME Ollie Phillips	14. NAME OF HUSBAND OR WIFE Thomas McCord
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Thomas McCord

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 1 yr 6 Mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF UTERUS WITH METASTASIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis 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 174X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min)	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 **Oct 14, 1955**, to **July 23, 1956**, that I last saw the deceased alive on **7-23, 1956**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. B. Swan	(Degree or title) 19-0-2	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 7-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/56	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	24d. LOCATION (City, town, or county) (State) Laddonia, Audrain, Mo
DATE REC'D BY LOCAL REG. July 25 1956	REGISTRAR'S SIGNATURE B. P. Neely	25. FUNERAL DIRECTOR'S SIGNATURE R. B. Neely ADDRESS Wellsville, Mo	

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

9-0

VS
OCT 13 1959

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

Licensed Embalmer No. *1588*

P. O. Address *Wellerille 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.