

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27810

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>330</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 South Gentry</u>				STREET ADDRESS (If rural, give location) <u>Route 4</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GOLDIE</u>		b. (Middle) <u>MARIE</u>		c. (Last) <u>MITTENBURG</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>25,</u>		(Year) <u>1956</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 10, 1919</u>	
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County, Missouri</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>Own Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Bruehl</u>	
13b. MOTHER'S MAIDEN NAME <u>Annie Eappett</u>		14. NAME OF HUSBAND OR WIFE <u>John R. Mittenburg</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give way or dates of service) <u>498-22-7996</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John R. Mittenburg, Sedalia, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Mittenburg, Sedalia, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Mittenburg, Sedalia, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Mittenburg, Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Epiolermoid Carcinoma of Cervix</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tumor persisted to extend after extensive X-Ray therapy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>6 mos</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION <u>7-28-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Entire pelvis frozen from malignant tumor</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>171X</u> (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 <u>July 19, 1956</u> , to <u>August 24, 1956</u> , that I last saw the deceased alive on <u>August 24, 1956</u> , and that death occurred at <u>3:25a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Howell</u>				23b. ADDRESS <u>1709 W Broadway, Sedalia</u>		23c. DATE SIGNED <u>8-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/27/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-27-56</u>		REGISTRAR'S SIGNATURE <u>Lorrie Coates, Deputy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Maane</u>		ADDRESS <u>Sedalia, Missouri</u>	

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 *R. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Sedalia* .....

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.