

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34971**

No. 300  
10-48

FILED NOV 5 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **391**

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>SEDALIA</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BOTHWELL HOSPITAL</b>			STREET ADDRESS (If rural, give location) <b>1809 E. 16th St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b> b. (Middle) <b>ANDERSON</b> c. (Last) <b>JONES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 27, 1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Aug 3, 1881</b>		9. AGE (in years last birthday) <b>75</b> 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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fruitland, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>William D. Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Howard</b>		14. NAME OF HUSBAND OR WIFE <b>R. N. Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Melvin L. Jones, Sedalia, Mo.</b> ADDRESS _____			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal carcinomatosis</b>		ANTECEDENT CAUSES (b) <b>Probably carcinoma of ovary</b>		DUE TO (c) <b>Unknown</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 _____		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) <b>175X</b>		
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 **Aug 5, 1952**, to **Oct 27, 1956**, that I last saw the deceased alive on **Oct 27, 1956**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John E. Ramsey M.D.</b> (Degree or title)		23b. ADDRESS <b>111 1/2 West 4th Sedalia Mo</b>		23c. DATE SIGNED <b>10/29/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/29/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-29-56</b>	REGISTRAR'S SIGNATURE <b>Deanna Cooney, Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley Ewing</b> ADDRESS <b>Sedalia, Mo.</b>	

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

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(Licensed Embalmer's Statement on Reverse Side)

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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 *P. E. Barker*

Licensed Embalmer No. *241*

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.