FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41983

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Inside Limits Yes Yes No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center, Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Rural, Windsor, R.R.#1 Inside Limits Yes ☐ No No
d. STREET ADDRESS (If outside, give location) Rural, Windsor, Mo. R.R. Reside on Farm Yes Yes No ☐

3. NAME OF DECEASED (Type or print) First MILDRED Middle NADINE Last HAWTHORNE

4. DATE OF DEATH Month December Day 16th. Year 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH March 9th. 1917 9. AGE (In years last birthday) 39 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) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Johnson County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stanley Wingfield, 14. MOTHER'S MAIDEN NAME Nancy McCannon,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT John Hawthorne, Address Windsor, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of ovary — INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 175 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO No

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-24-56, to 12-16-1956 and last saw her/him alive on 12-16-1956
Death occurred at 12:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Lee Cooper (Degree or title) M.D. 22b. ADDRESS Warrensburg, Missouri 22c. DATE SIGNED 12-17-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-20-1956 23c. NAME OF CEMETERY OR CREMATORY Laural Oak Cemetery, 23d. LOCATION (City, town, or county) (State) Windsor, Missouri

24. FUNERAL DIRECTOR ADDRESS R.A. Brauninger, Warrensburg, Missouri. 25. DATE RECD. BY LOCAL REG. Dec. 17, 1956 26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ... R. A. Braunsinger .....

Licensed Embalmer No. 337

P. O. Address Warrenbu

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