THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

887

STATE FILE NUMBER

FILED JAN 21 1957

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Robertsville — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Length of stay in 1b: 7 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Robertsville — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: Mary Middle: Neoma Last: Tumulty
4. DATE OF DEATH: Month: Jan Day: 17 Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH: Sept. 8 1908
9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months: 4 Days: 9 IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Shoe worker
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Archie Card
14. MOTHER'S MAIDEN NAME: Kathrine Dillion
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: Joe Lewis Address: Beaufort, Mo.

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 LEFT BREAST — INTERVAL BETWEEN ONSET AND DEATH: 5 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) WITH DIRECT EXTENSION INTO
DUE TO (c) MEDIASTINUM AND LEFT CHEST
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 170X
19. WAS AUTOPSY PERFORMED? YES ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 11:8 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD Coroner
22b. ADDRESS: Union, MO
22c. DATE SIGNED: 1/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/20/57
23c. NAME OF CEMETERY OR CREMATORY: ST. MARY'S
23d. LOCATION (City, town, or county) (State): Robertsville, Franklin, Mo.
24. FUNERAL DIRECTOR: E. F. Oltmann ADDRESS: Union Mo
25. DATE RECD. BY LOCAL REG.: Jan. 18-1957
26. REGISTRAR'S SIGNATURE: Mary B. Gross

(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

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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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. F. Oltmann

Licensed Embalmer No. 16 8

P. O. Address Union,

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