

FILED MAY 6 - 1957

STANDARD CERTIFICATE OF DEATH

12135

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 153

300  
1-56

4  
Dr. J. C. Sugg

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hallsville, Mo.</u>		0/00 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. County R. Home</u>			Length of stay in 1b <u>3Wks</u>		d. STREET ADDRESS <u>_____</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Adele</u> Middle <u>Carro</u> Last <u>Mottier</u>				4. DATE OF DEATH Month <u>4</u> Day <u>30</u> Year <u>57</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Year <u>1879</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
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>Home</u>		11. BIRTHPLACE (City and state or country) <u>France (Country)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA (Nat.)</u>		
13. FATHER'S NAME <u>Last name only Carro</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT <u>Mrs. John Gettman Hallsville, Mo.</u>			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of the Abdominal Cavity</u> DUE TO (b) <u>Abdominal Cavity</u> DUE TO (c) <u>Ovary site unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1991</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>---</u>						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>			20f. CITY, TOWN, OR LOCATION <u>---</u>		COUNTY <u>---</u>		STATE <u>---</u>		
21. I attended the deceased from <u>Apr - 20 - 57</u> to <u>Apr - 30 - 57</u> and last saw her alive on <u>Apr 26 - 57</u> Death occurred at <u>10:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. C. Sugg MD</u> (Degree or title)				22b. ADDRESS <u>Columbia</u>			22c. DATE SIGNED <u>5/2/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-2-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Church of Christ</u>		23d. LOCATION (City, town, or county) <u>Near Hallsville, Mo.</u>			
24. FUNERAL DIRECTOR <u>Lyman Spunkle</u> ADDRESS <u>Columbia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 2 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

MAY 9 1957

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 *Lynard Sprinkle*

Licensed Embalmer No. *401*

P. O. Address *Columbia, W.*

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.