

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16120

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenfield Mo rtl		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b lwk	d. STREET (If outside, give location) ADDRESS 4mi w Greenfield		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Viola Middle Edita Last Turner			4. DATE OF DEATH Month June Day 3 Year 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 15 1912	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 6 Days 18 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 Farming	11. BIRTHPLACE (City and state or country) Aurora Mo		12. CITIZEN OF WHAT COUNTRY? usa
13. FATHER'S NAME John W Howard			14. MOTHER'S MAIDEN NAME Mary Howard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address William Turner Greenfield Mo		
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 Cervix with metastasis (widespread)					INTERVAL BETWEEN ONSET AND DEATH 4 yrs
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 7/28/53 to 6/3/57 and last saw her alive on 6/3/57 Death occurred at 10:50p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. R. Cain			22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED 6/6/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 8 1957	23c. NAME OF CEMETERY OR CREMATORY Orange	23d. LOCATION (City, town, or county) (State) Lawrence Co Mo.		
24. FUNERAL DIRECTOR ADDRESS W. B. Allison Greenfield Mo		25. DATE RECD. BY LOCAL REG. JUN 8 - '57	26. REGISTRAR'S SIGNATURE Marie Korantz		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 *W.R. Allison*

Licensed Embalmer No. *440*

P. O. Address *Sheffield*

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.