

NO. ¹⁰ 1000 FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18317

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY ST CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONTEGOMERY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST CHARLES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JONESBURG		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HOSP				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First MARY Middle LOUISE Last LEU				4. DATE OF DEATH Month MAY Day 17 Year 57				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT 14 1894		9. AGE (In years last birthday) 62 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jonesburg mo		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHARLES FRICKER				14. MOTHER'S MAIDEN NAME ALBERTINE SIEGER				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. 499-03-9595		17. INFORMANT Address Robt Lee Jonesburg 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 ovary DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 175X						INTERVAL BETWEEN ONSET AND DEATH 7 months		
19a. 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 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.)		20f. CITY, TOWN, OR LOCATION Jonesburg			COUNTY MO STATE MO	
21. I attended the deceased from May 12, 1957 to May 17, 1957 and last saw her alive on May 17, 1957 Dead occurred at 11:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE G. J. Canty (Degree or title) W. D.				22b. ADDRESS St. Charles mo		22c. DATE SIGNED May 20, 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremated		23b. DATE May 19 1957	23c. NAME OF CEMETERY OR CREMATORY Jonesburg		23d. LOCATION (City, town, or county) (State) Jonesburg mo			
24. FUNERAL DIRECTOR Carl Harding Jonesburg mo ADDRESS				25. DATE RECD. BY LOCAL REG. MAY 21 - 1957		26. REGISTRAR'S SIGNATURE Muellea Wilson		

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1958

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 *Carl A. Duda*

Licensed Embalmer No. *411*

P. O. Address *Jonesboro*

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.