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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20155
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 675

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		0110 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb Kife 3 days		d. STREET ADDRESS (If outside, give location) R. R. #4	
3. NAME OF DECEASED (Type or print) First MARY Middle MILLER Last			4. DATE OF DEATH Month June Day 16 Year 1957		
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 August 21, 1895	9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
13. FATHER'S NAME James B. Wheeler			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			14. MOTHER'S MAIDEN NAME Alice Hall		16. SOCIAL SECURITY NO. unknown
17. INFORMANT Harry E. Miller, R.R. #4, St. Joseph, Mo.			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) Carcinomatosis DUE TO (b) Papillary Carcinoma of ovary, bilateral 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 (a) 175x					INTERVAL BETWEEN ONSET AND DEATH 2 yrs?
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 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 COUNTY STATE	
21. I attended the deceased from June 26, 1956 to June 16, 1957 and last saw her alive on June 16, 1957. Death occurred at 8:00a. m on the date stated above! and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. P. Larson M.D.			22b. ADDRESS St. Joseph, Mo.		22c. DATE SIGNED 6-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/18/1957		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
				23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman			25. DATE RECD. BY LOCAL REG. June 24, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton
(Licensed Embalmer's Statement on Reverse Side)					

SEP 9 1957

OCT 23 1957

Al. Howard

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 *Eugene Wood*

Licensed Embalmer No. *380*

P. O. Address *1940 11th St*

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.