FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23987
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hosp. — Length of stay in 1b: 3 days

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

3. NAME OF DECEASED (Type or print): First: HATTIE Middle: H. Last: TAYLOR

4. DATE OF DEATH Month: July Day: 26 Year: 1957

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** Nov. 4, 1898 **9. AGE** (In years last birthday): 58 **IF UNDER 1 YEAR** Months: 8 Days: 22 **IF UNDER 24 HRS.** Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework **10b. KIND OF BUSINESS OR INDUSTRY:** Own Home **11. BIRTHPLACE** (City and state or country): Moberly Mo. **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13. FATHER'S NAME: Alexander Haley **14. MOTHER'S MAIDEN NAME:** Polly Ann Roman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): — **16. SOCIAL SECURITY NO.:** not available **17. INFORMANT:** Geo. R. Taylor Sgt. Air Force Base Richard Gebauer K.C.

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): Generalized carcinomatosis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized metastatic adenocarcinoma origin - in right ovary.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 175X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 7-23-57, to 7-26-57 and last saw her/him alive on 7-26-57
Death occurred at 4:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A. Abele, MD **22b. ADDRESS:** 329 Main St., Boonville, Mo. **22c. DATE SIGNED:** 7-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** July 28, 1957 **23c. NAME OF CEMETERY OR CREMATORY:** Washington **23d. LOCATION** (City, town, or county) (State): Glasgow Mo.

24. FUNERAL DIRECTOR: Dudley-Fremont **ADDRESS:** Glasgow Mo. **25. DATE REC'D BY LOCAL REG.:** 7/26/57 **26. REGISTRAR'S SIGNATURE:** B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this certificate. Do not use abbreviations or symptoms which are not diseases. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

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 Charles T. Lanham, Student Embalmer No. 5

working under my personal supervision.

Student Charles T. Lanham
Signature of Student Embalmer

Signed E. W. Griemouth

Licensed Embalmer No. 39

P. O. Address Glasgow

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.