

FILED SEP 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28499  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <i>Gasper</i>			2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Gasper</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Joplin Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Sarsapic Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Johns</i>		Length of stay in 1b <i>6 wks</i>	d. STREET ADDRESS (If outside, give location) <i>Mo</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Maude Morrison</i> First Middle Last			4. DATE OF DEATH <i>9-5-57</i> Month Day Year		
5. SEX <i>fe</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-6-1877</i>	9. AGE (In years last birthday) <i>79</i> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk in Clothing Store</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Paris Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Virginia Ottman</i> Address <i>Sarsapic Mo</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Mucoid Carcinoma of Ovaries unknown</i>					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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 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 <i>9-22-57</i> to <i>Sept 5-57</i> and last saw her alive on <i>9/5/57</i> Death occurred at <i>4145 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>R. A. Jackson M.D.</i>			22b. ADDRESS		22c. DATE SIGNED <i>9/5/57</i>
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <i>9-8-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sarsapic Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Sarsapic Mo</i>
24. FUNERAL DIRECTOR <i>Jackson &amp; Sons Sarsapic Mo</i>		25. DATE RECD. BY LOCAL REG. <i>9-7-1957</i>		26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 25 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me; or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Wm K Jackson* .....

Licensed Embalmer No. ....

P. O. Address *.....*

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.