

Health, Welfare, Public Service

FILED SEP 13 1957

STANDARD CERTIFICATE OF DEATH

28537 STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JASPER	
b. CITY OR TOWN ORONO GO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ORONO GO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAKERT CENTRAL		d. STREET ADDRESS (If outside, give location) BAKERT CENTRAL	

3. NAME OF DECEASED (Type or print) First AUDREY Middle ELBERTA Last ELLIOTT			4. DATE OF DEATH Month AUG Day 31 Year 1957			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 11, 1905	9. AGE (In years last birthday) 52	10. FUNDER 1 YEAR Months 5 Days 2	11. IF UNDER 24 HRS. Hours 2 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) CARROLL CO., ARK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A.L. WOOLSEY	13b. MOTHER'S MAIDEN NAME LUCINDA MAYNARD	14. NAME OF HUSBAND OR WIFE GROVER (DECEASED)
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.	17. INFORMANT HUBERT SPENCER Address TOPLID

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of uterus	14 months
	DUE TO (c) Carcinoma Abdominal Uterus	2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Auto Accident - Nov 1956 174XF

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.) Auto Accident - near Coffeyville, Kan.	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour 11 Month 10 Day 56 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 Carterville	COUNTY MO	STATE MO
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21. I attended the deceased from **Dec 1956** to **Aug 31-57** and last saw her alive on **8-31-67**
Death occurred at **5:40 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis H. ... M.D.	(Degree or title)	22b. ADDRESS 327 FR E Bldg Joplin Mo	22c. DATE SIGNED 9-2-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT 2, 1957	23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE	23d. LOCATION (City, town, or country) (State) CARTERVILLE MO
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24. FUNERAL DIRECTOR HURLOT GLOVER	ADDRESS TOPLID	25. DATE RECD. BY LOCAL REG. 9-2-57	26. REGISTRAR'S SIGNATURE Ms. Madeline Switzer
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related.

40

SEP 18 1957
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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 Dale Gies.....

Licensed Embalmer No. 454.....

P. O. Address Joplin.....

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.