

STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1957

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6273 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fletchall Township 6273</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Grant City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>Fletchall Township</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Gertrude Marie Stabe</u>				4. DATE OF DEATH <u>Nov. 18, 1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 22, 1898</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Worth County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>E. H. Lotsinger</u>				14. MOTHER'S MAIDEN NAME <u>May White</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Glee Stabe - Grant City, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DEBILITY AND INANITION</u> DUE TO (b) <u>METASTATIC CARCINOMA</u> DUE TO (c) <u>ADENOCARCINOMA OF ASCENDING COLON</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>PROFOUND ANEMIA</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 WEEKS</u> <u>1 YEAR</u> <u>16 MONTHS</u>	
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 a. m. Month, Day, Year 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 <u>August 1956</u> to <u>Nov. 18, 1957</u> and last saw her alive on <u>Nov. 15, 1957</u> . Death occurred at <u>7:35 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Dress or title) <u>Richard D. Smith, D.O.</u>				22b. ADDRESS <u>GRANT CITY MO</u>		22c. DATE SIGNED <u>11-19-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 20, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fletchall Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>			
24. FUNERAL DIRECTOR <u>Bill A. Dunfee - Grant City</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 22 - 1957</u>		26. REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		

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 *Bill A. Dunfee*.....
Licensed Embalmer No. *49*

P. O. Address *Mount...*

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.