

D. Edwards

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43425

FILED DEC 30 1957

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 16

Health, & Welfare Public Service  
300  
1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 6th St.		Length of stay in 1b 6 Yrs		d. STREET ADDRESS 302 6th St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Willmerth Allie Mingus				4. DATE OF DEATH Month Day Year 12-19-57			
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 8-3-1905	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Bookkeeping		11. BIRTHPLACE (City and state or country) Willow Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME H. H. Esslinger				14. MOTHER'S MAIDEN NAME Martha Bell Gooch			
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. No		17. INFORMANT Mrs. Hazel Lawson, Monett, 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) <i>Carcinomatosis of Abdomen</i> <i>(Primary not known - ovarian)</i> <i>Tumor suggested</i> 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) . 175X						INTERVAL BETWEEN ONSET AND DEATH 8 mo.	
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 6-12-57 to 6-19-57 and last saw <sup>her</sup> alive on 6-18-57 Death occurred at 8:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>D. Edwards MD</i> (Degree or title)				22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 12-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-22-57	23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cem.		23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.		
24. FUNERAL DIRECTOR Mercer Funeral Home, Monett, Mo.				25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook	

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1257-231

DATE REC. 12-23-57

JAN 13 1958

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 Roy H. Mercer

Licensed Embalmer No. 44032

P. O. Address Monticello

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.