

FILED JAN 3 1958

STANDARD CERTIFICATE OF DEATH

46964

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 3074 Registrar's No. 222

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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 <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Oran</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 <u>Mo. Delta Comm.</u>			Length of stay in lb <u>3 Days</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Sadie</u> Middle <u>Goldie</u> Last <u>Krapf</u>				4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>57</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 type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-22-1900</u>		9. AGE (In years last birthday) <u>57</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>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Tom Frost</u>				14. MOTHER'S MAIDEN NAME <u>Lou Frost</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>			16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT <u>Sadie Krapf</u> Address <u>Oran, 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>Probable Peritonitis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Carcinomatous Peritonitis</u>		DUE TO (c) <u>Carcinoma of the Body of Pancreas</u>		6 months		Prob. 1-2 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>157X</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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, 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 <u>8/57</u> to <u>death</u> and last saw her/him alive on <u>12/18/57</u> Death occurred at <u>11:50 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degr. for title) <u>Ralph Franklin, M.D.</u>				22b. ADDRESS <u>Monhouse, Mo</u>				22c. DATE SIGNED <u>1/3/24/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/21/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills Mem. Gardens</u>			23d. LOCATION (City, town, or county) (State) <u>Morley, Missouri</u>				
24. FUNERAL DIRECTOR OR ADDRESS <u>Edward S. J... Sunneelee Fun. Chapel, Sikeston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-28-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. East Hunter</u>					

DATE RECEIVED DEC 30, 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-264

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 Edward E. Finckle.....

Licensed Embalmer No. 4164

P. O. Address Salisbury,

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.