

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47803

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 18

Health,  
& Welfare  
Public  
Service

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 casually 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>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fredricks town</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Evans</u> <u>0940</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>112 Main St</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>109 Firmin</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Cordelia</u> Last <u>Kennel</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>28</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White Case</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 22 - 1860</u>		9. AGE (In years last birthday) <u>97-7-6</u>	
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		11. BIRTHPLACE (City and state or country) <u>French Village Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Mr. Dennis O'Leary</u>				14. MOTHER'S MAIDEN NAME <u>Elvina La Hay</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs Emma Aubuchon - Fredricks town, Mo.</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>Carcinoma of Intestines</u> DUE TO (b) <u>with Metastasis to Liver</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:30 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>195 W Main Fredricks town</u>		22c. DATE SIGNED <u>4-25-1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Dec 2 - 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oed Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>		
24. FUNERAL DIRECTOR <u>Alvin W. Hood</u>			ADDRESS <u>Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-25-1958</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(To be signed Embalmers' Statement on Reverse Side)

ANDERSON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
APR 27 1958  
FILE No. 737-18

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 Alvin W. Wood

Licensed Embalmer No. 2780  
303 Crane St.  
P. O. Address Flat River, Mo.

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.