

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1958

58-006175
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 551V Registrar's No. 19

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jefferson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Herculaneum		c. CITY OR TOWN Herculaneum		d. STREET ADDRESS Long St	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Herculaneum		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Herculaneum		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long St.		Length of stay in 1b		d. STREET ADDRESS Long St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First RUDY		Middle MARTHA		Last DEAN		Month Day Year Jan. 26, 1958	
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 Oct. 31., 1904	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Apus, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James H. Greenlee				14. MOTHER'S MAIDEN NAME Josephine Ruby			
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 Harvey Dean, Herculaneum, 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) Generalized Carcinomatosis						INTERVAL BETWEEN ONSET AND DEATH 9 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Cancer arising in female organs	
						DUE TO (c) in pelvis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Aug 1957 to Jan 26, 1958 and last saw her alive on 1/26/58 Death occurred at 1:23 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mr. Dean				22b. ADDRESS Herculaneum, Mo		22c. DATE SIGNED 1/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/29/58	23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) (State) Herculaneum, Mo.		
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.			25. DATE RECD. BY LOCAL REG. 1-27-58		26. REGISTRAR'S SIGNATURE John R. [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

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

300
1-56

Health,
Welfare
Public
Service

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

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more 11 67

DATE RECEIVED

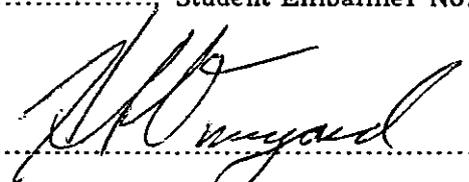
FEB 20 1958

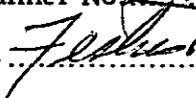
FEB 4 1958

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 
Licensed Embalmer No. 301

P. O. Address 

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.