

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009194
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 65 Primary Registration District No. 5251 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mendon		c. CITY OR TOWN Mendon Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 2 Mi South EAST	
3. NAME OF DECEASED (Type or print) Isabelle		4. DATE OF DEATH 3-12-58	
5. SEX F		6. COLOR OR RACE W.	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 24-1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (City and state or country) Chariton Mo	
13a. FATHER'S NAME Bernard J. Edemann		14. NAME OF HUSBAND OR WIFE Horace McDowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		17. INFORMANT Horace McDowell	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
DUE TO (b) Multiple Metastasis of Carcinoma of Ovary		3 yrs.	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Scurv.		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. _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
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.) _____	
21. I attended the deceased from 4-20-55 to 3/12-58 and last saw her/him alive on _____ Death occurred at 3/12-58 1:12 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. W. Bohannon M.D.		22b. ADDRESS Bohannon Mo.	
22c. DATE SIGNED 3/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/14/58	
23c. NAME OF CEMETERY OR CREMATORY Mendon		23d. LOCATION (City, town, or county) Mendon Mo	
24. FUNERAL DIRECTOR X. A. Quipars		25. DATE RECD. BY LOCAL REG. Mar 15-1958	
ADDRESS Mendon Mo		26. REGISTRAR'S SIGNATURE M. Boone Rowie Smith <i>deputy</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *A. S. Ripard*

Licensed Embalmer No. *3970*
P. O. Address *MEHden 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.