

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002478  
STATE FILE NUMBER

300  
1-57

FILED JAN 15 1959 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Unionville	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		d. STREET ADDRESS (If outside, give location) 206 No. 19	
3. NAME OF DECEASED (Type or print) First Middle Last Daisy Child		4. DATE OF DEATH Month Day Year Jan. 8 1959	
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 May 22 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Unionville Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME S. J. D. Cook	
13b. MOTHER'S MAIDEN NAME Ruth Ann Comstock		14. NAME OF HUSBAND OR WIFE Harry Child	
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. None	
17. INFORMANT Harry Child		Address 206 N. 19 Unionville, Mo.	
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>Metastasizing Carcinoma of Transverse &amp; ascending Colon</i> DUE TO (b) <i>Colon</i> DUE TO (c) <i>Serulity</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Serulity</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1537	
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 <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 <i>Apr 20-59</i> to <i>Jan 8-59</i> and last saw her <i>alive on Jan 8-59</i> Death occurred at <i>8:30 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles L. Judd D.O.</i>		22b. ADDRESS Unionville, Mo.	
22c. DATE SIGNED 1-10-59		22d. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 11 1959	
23c. LOCATION (City, town, or county) Unionville Missouri		23d. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
24. FUNERAL DIRECTOR Comstock Funeral Home W. W. Comstock		25. DATE RECD. BY LOCAL REG. 1-10-59	
26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>		26. REGISTRAR'S SIGNATURE	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS MAR 30 1960

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 *James W. Somatack* .....

Licensed Embalmer No. *4197* .....

P. O. Address *Ypsilanti, MI* .....

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.