

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006411

STATE FILE NUMBER

17

FILED MAR 10 1959

Registration District No. 210 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Princeton, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		Length of stay in lb life	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Grace Kathryn Solel			4. DATE OF DEATH Month 3 Day 3 Year 59		
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 4-30-1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Malcom, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fred Kessler			14. MOTHER'S MAIDEN NAME Susan Hartman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no no		16. SOCIAL SECURITY NO. 488-44-9450	17. INFORMANT Address Frank Solel Princeton, 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) Intestinal Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Adenocarcinoma of the stomach DUE TO (c) 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 3 days 2 years
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 a. m. p. m. Month, Day, Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Feb. 23, 1959 , to Mar. 3, 1959 and last saw her him alive on Mar. 2, 1959 . Death occurred at 12:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. O. 2			22b. ADDRESS Princeton, Mo.		22c. DATE SIGNED 3-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-5-59	23c. NAME OF CEMETERY OR CREMATORY Princeton	23d. LOCATION (City, town, or county) (State) Princeton, Mo		
24. FUNERAL DIRECTOR Noel Moss		ADDRESS Princeton, Mo	25. DATE RECD. BY LOCAL REG. 3-4-59	26. REGISTRAR'S SIGNATURE Noel Moss	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300-56

health, Welfare public service

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ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms must be listed. All

RECORDS, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All

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MAR. 30 1956

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 *Hall* *Tras*.....

Licensed Embalmer No. *2*.....

P. O. Address *Permal*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.