

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009979

STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <b>R.F.D. 2, Holden, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Holden</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rose Hill Twp</b>			Length of stay in lb <b>25 years</b>		d. STREET ADDRESS <b>Route 2, Holden</b>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LUCINDA JANE HOUGH</b>				4. DATE OF DEATH <b>March 21, 1959</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 19, 1916</b>		9. AGE (In years last birthday) <b>42</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Olathe, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Jack Smith</b>				14. MOTHER'S MAIDEN NAME <b>Levina Stroud</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no XXXX</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT Address <b>Earl Hough, Holden, Missouri.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cystadenocarcinoma of Ovary</b> <b>Metastatic Carcinoma Stomach</b> <b>Metastatic Carcinoma Lungs</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) } DUE TO (c) }							INTERVAL BETWEEN ONSET AND DEATH <b>9 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>175C</b>							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 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 <b>August 7-58</b> , to <b>March 21, 59</b> and last saw her alive on <b>March 20, 1959</b> Death occurred at <b>12:05 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Jean M Holmberg</b>				22b. ADDRESS <b>Holden, MO</b>		22c. DATE SIGNED <b>3/21/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/23/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery,</b>		23d. LOCATION (City, town, or county) (State) <b>Holden, Missouri.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Canaway &amp; Ropp, Holden, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-21-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. G. E. Redford</b>			

(Licensed Embalmer's Statement on Reverse Side)

Disease 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.

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No. of Body .....  
 Name of Deceased .....  
 Date of Death .....  
 Place of Death .....  
 Name of Embalmer .....  
 License No. of Embalmer .....  
 Date of Embalming .....  
 Name of Student Embalmer .....  
 License No. of Student Embalmer .....  
 Date of Embalming .....  
 Name of Embalmer .....  
 License No. of Embalmer .....  
 Date of Embalming .....

**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 *M. L. Emadey*.....  
 Licensed Embalmer No.....3

P. O. Address Holden, M.

**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.