

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012891

STATE FILE NUMBER

16

Registration District No. 118

Primary Registration District No. 5439

Registrar's No.

DECEASED MAY 11 1959

300
1-57

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Owensville 0370	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Owensville Route Life time		Length of stay in lb		d. STREET ADDRESS (If outside, give location) Owensville Route	
3. NAME OF DECEASED (Type or print) First Middle Last DONA ESTHER BILES			4. DATE OF DEATH Month Day Year May 11 1 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 Nov. 24 1891		9. AGE (In years) 67 FUNDERS YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (City and state or country) Rosebud Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Johnson			
13b. MOTHER'S MAIDEN NAME Fannie Hibler		14. NAME OF HUSBAND OR WIFE Roy Biles Owensville Mo			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Roy Biles Owensville Mo, Route	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Left Ovary w. th Metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None					INTERVAL BETWEEN ONSET AND DEATH 7 y. 15.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK 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 1952 to 5-1-59 and last saw her alive on 4-30-59 Death occurred at 6:50p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paula Brunner (Degree or title)			22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 5-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5 4 1959		23c. NAME OF CEMETERY OR CREMATORY City Cem.	
23d. LOCATION (City, town, or county) Owensville Mo.		23e. (State)			
24. FUNERAL DIRECTOR Milford H. H. Winter Owensville			25. DATE RECD. BY LOCAL REG. May 4, 1959		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

may 16 1957

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 me, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford 7/7 20
Licensed Embalmer No. 3838
P. O. Address D W ENSULL

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.