

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018-22

STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Ralls,	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Hannibal, Missouri. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Perry, Missouri. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Levering Hospital 30 days		d. STREET ADDRESS (If outside, give location) Reside on Farm Perry, Mo. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAISY Middle S. Last BOYD		4. DATE OF DEATH Month 27 Day 27 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 15, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	10c. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) Ralls Co, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Spratswell		14. MOTHER'S MAIDEN NAME Mary Moore	
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 Address Margaret White Perry, Missouri.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the cecum with metastasis.			INTERVAL BETWEEN ONSET AND DEATH 29 days.
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) 1530			19. WAS AUTOPSY PERFORMED? 2 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 4:30 Month, Day, Year			
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 4/29/59 to 5/27/59 and last saw her/him alive on 5/26/59 Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Rolter, (Degree or title) M.D.		22b. ADDRESS Hannibal, Missouri	22c. DATE SIGNED 5-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	5-30-1959	Lickoreek, Cemetery.	Perry, Missouri.
24. FUNERAL DIRECTOR ADDRESS Clyde Wesley Perry, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-59	26. REGISTRAR'S SIGNATURE W. E. Lucke, By W. J. Fisher

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

DATE FILED JUN 9 1959

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.

Signature of Student Embalmer

Signed

Clyde Wilkey

Licensed Embalmer No. 38

P. O. Address Perry, Mo

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.