

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-030049

SEP 6 1960

82

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 123

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in 1b <u>32 days</u>		c. CITY OR TOWN <u>Slater</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6 miles S.W. of Slater</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>Sheila</u> Last <u>Ludwig</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>3</u> Year <u>1960</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-16-1912</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Factory</u>		11. BIRTHPLACE (City and state or country) <u>Saline County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lem Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Wood</u>			14. NAME OF HUSBAND OR WIFE <u>Fred J. Ludwig</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-229475</u>		17. INFORMANT <u>Fred J. Ludwig, Slater, Mo.</u>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Leiomyosarcoma, Uterus & Adenocarcinoma</u> DUE TO (c) <u>R Ovary</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3-4 months</u> <u>7-5 months</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		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 <u>September 12, 1960</u> to <u>September 3/60</u> and last saw him alive on <u>Sept 3, 1960</u> Death occurred at <u>7:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>E.T. Humphreys MD</u>				22b. ADDRESS <u>Boonville, Mo</u>		22c. DATE SIGNED <u>9-3-60</u>			
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	23b. DATE <u>9-5-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>MARSHALL, Mo.</u>				
24. FUNERAL DIRECTOR <u>Campbell-Lewis</u>			ADDRESS <u>MARSHALL, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9/3/60</u>		26. REGISTRAR'S SIGNATURE <u>E. Hooper</u>		

DOCUMENT

MEDICAL CERTIFICATION

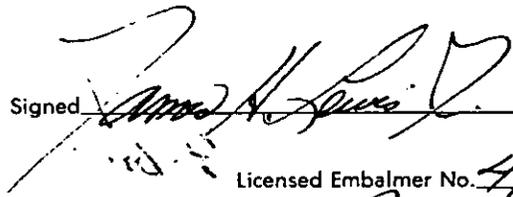
BY AFFIDAVIT OF

FEB 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4709

P. O. Address Merced, Ca

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