

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024697
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 182

AMENDED

FILED AUG 7 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missour b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington, Mo.		Length of stay in 1b 13 days		c. CITY OR TOWN Lone Dell, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Frances Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Robertsville, Mo. R#1			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Helen Middle Mildred Last Speake				4. DATE OF DEATH Month July Day 31 Year 1961			
5. SEX feman	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 Jan. 23, 1903	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY General work		11. BIRTHPLACE (City and state or country) Little Rock, Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Harry Andereck			13b. MOTHER'S MAIDEN NAME Mable Yowell		14. NAME OF HUSBAND OR WIFE widowed		
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 Kenneth E. Andereck 237 Hutchinson Rd				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO (b) Mesothelial ovarian Carcinoma DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 month 6 months
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 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 1 July 61 to 31 July 61 and last saw her alive on 30 July 61 Death occurred at 1:40 P.M. m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE W. Richardson, MD				22b. ADDRESS Union, Missouri		22c. DATE SIGNED 1 Aug 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 2, 1961	23c. NAME OF CEMETERY OR CREMATORY Grubville, Cemetery		23d. LOCATION (City, town, or county) (State) Grubville, Missouri			
24. FUNERAL DIRECTOR Sherwood W. Kitchell, St, Clair, Mo.			25. DATE RECD. BY LOCAL REG. 8/1/61		26. REGISTRAR'S SIGNATURE Lula C. Schidman		

AUG 11 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address MO

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.