

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042254

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1681A
FILED NOV 21 1962

VS 300
Rev. 4/59

1 0397
2 1070
3
4 1
5 2
6
7 1
8 2
9 175.0
10
11
12 4-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 4 1/2 mos.	c. CITY OR TOWN CABOOL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SARAH Elizabeth Grassle			4. DATE OF DEATH Month Day Year NOVEMBER 10, 1962
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 FEB 18 1907
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK CLERK		10b. KIND OF BUSINESS OR INDUSTRY BANKING BUSINESS	11. BIRTHPLACE (City and state or country) LEADS FORT, LOUISIANA
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Robert Kerr	
13b. MOTHER'S MAIDEN NAME Elizabeth Mc Guirk		14. NAME OF HUSBAND OR WIFE	
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. 1	17. INFORMANT Address Roy Grassle Mt. Vernon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary ovary DUE TO (c) Explantation 1/8/62 (Biopsy)			INTERVAL BETWEEN ONSET AND DEATH
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 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 6/25/62 to 11/10/62 and last saw her alive on 11/10/62 Death occurred at 2 39 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Roland Langston M.D.		22b. ADDRESS Springfield	22c. DATE SIGNED 11/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nov. 12, 1962	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cent.	23d. LOCATION (City, town, or county) (State) KIRKSVILLE, Mo.
24. FUNERAL DIRECTOR ADDRESS ELLIOTT-CENTER CABOOL, Mo		25. DATE RECD. BY LOCAL REG. 11-20-62	26. REGISTRAR'S SIGNATURE Effie S. Muelton

USE BLACK INK OR TYPEWRITER RIBBON

NOV 29 1962

NOV 28 1962

Unit 11-10-62

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 JAMES GRAY SOAPES, Student Embalmer No. 687
working under my personal supervision.

Student James Gray Soapes
Signature of Student Embalmer

Signed Bice M. Abbott

Licensed Embalmer No. 5115
P. O. Address Springfield, 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.