

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

506

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Granbriem Twp</u>	c. LENGTH OF STAY (in this place) <u>53 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Granbriem Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi S.W. of Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi S.W. of Hill, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>WILSON</u> c. (Last) <u>STUBBS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 7 - 1862</u>	9. AGE (in years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alfred Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes McDowell</u>	14. NAME OF HUSBAND OR WIFE <u>J. C. Stubbs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Stubbs</u>	ADDRESS <u>Harrisonville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA TOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 YEARS</u> <u>174 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA UTERUS</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Sept 19 1949, to Feb 4 1950, that I last saw the deceased alive on Feb 4 1950, and that death occurred at 4 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>J. H. Barger M.D.</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>Feb 4 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 6 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Burges</u>	ADDRESS <u>Harrisonville Mo</u>
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(I. Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

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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 _____
Student Embalmer

Signed Ernest M. Munn

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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 this body is not embalmed, fact should be so stated above.