No. 300
10.48

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

0190
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1950

State File No. 26291

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4098 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 816 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton 0190
d. STREET ADDRESS (If rural, give location): 816 2nd St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): ONEITA
b. (Middle): MERIDETH
c. (Last): NETHAWAY

4. DATE OF DEATH (Month) (Day) (Year): 9-2-1950

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 12-11-1889

9. AGE (In years last birthday): 60 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Belton, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: C. H. G. Sprinkle

13b. MOTHER'S MAIDEN NAME: Marietta Stoker

14. NAME OF HUSBAND OR WIFE: Erle D. Nethaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): 2

16. SOCIAL SECURITY NO.: 440-50-8268

17. INFORMANT'S SIGNATURE OR NAME: Charles D. Nethaway
ADDRESS: Belton, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RIGHT BREAST, WITH METASTASES TO RIGHT SHOULDER, NECK, AND CHEST — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 170X

19a. DATE OF OPERATION: 1929

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF LEFT BREAST

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): BELTON, CASS, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1950, *to* Sept. 2, 1950, *that I last saw the deceased alive on* Sept. 2, 1950, *and that death occurred at* 9:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Herbert A. Tracy, 0
(Degree or title): M.D.

23b. ADDRESS: BELTON, Mo.

23c. DATE SIGNED: 9/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11

24b. DATE: 9-4-1950

24c. NAME OF CEMETERY OR CREMATORY: Belton Cemetery

24d. LOCATION (City, town, or county) (State): Cass Co., Missouri

DATE REC'D BY LOCAL REG.: Sept 3, 1950

REGISTRAR'S SIGNATURE: Laura J. Jones. 0 51

25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons
ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1950

JAN 31 1951

RECEIVED
SEP 9 - 1950
CASS COUNTY
HEALTH DEPARTMENT

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard E. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Belton, 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.