

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11938**

FILED MAY 9 1951

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>71</u> | | PRIMARY REG. DIST. NO. <u>3012</u> | | Registrar's No. <u>47</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> c. LENGTH OF STAY (In this place) <u>2 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>409 E. Excelsior St.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> d. STREET ADDRESS (If rural, give location) <u>409 E. Excelsior St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>NORA</u> | | a. (First) <u>WOODSWORTH</u> | | b. (Middle) <u>MOORE</u> | | c. (Last) | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Feb. 12, 1881</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Latonia, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Leonard Woodworth</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Peter H. Moore</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Peter H. Moore, Excelsior Springs</u> ADDRESS <u>409 E. Excelsior</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Carcinoma of Ovary Related with metastasis to all organs of the abdomen</u> DUE TO (c) <u>of the abdomen</u> | | | | MEDICAL CERTIFICATION <u>Interval between onset and death 2 days</u> <u>1 year</u> <u>6 months</u> | |
| 19a. DATE OF OPERATION <u>6/6/50</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Related Ovary Metastasis & General Metastasis</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>4/21</u> , 19 <u>50</u> , to <u>4/16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/16</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Regina B. Bohlen, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Excelsior Springs Mo</u> | | 23c. DATE SIGNED <u>4/18/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-19-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carnegie, Pennsylvania</u> | |
| DATE REC'D BY LOCAL REG. <u>4/19/51</u> | | REGISTRAR'S SIGNATURE <u>Baroline Dutschke</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Richard</u> | | ADDRESS <u>Excelsior Springs Mo</u> | |

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

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MAY 9 1951

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Lancelot K. Jarman*

Licensed Embalmer No. 4589

P. O. Address *Excelsior Springs, 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.