

STANDARD CERTIFICATE OF DEATH

32566

State File No.

NOV 6 1951

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 275

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| 1. PLACE OF DEATH <i>Ellis Fischel State Cancer Hosp.</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <i>Boone</i> | b. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i> | a. STATE <i>Missouri</i> | b. COUNTY <i>Boone</i> |
| c. LENGTH OF STAY (In this place) <i>2</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Ellis Fischel State Cancer Hosp.</i> | | d. STREET ADDRESS (If rural, give location) <i>1722 Grand Ave.</i> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <i>Bessie</i> | b. (Middle) <i>Minerva</i> | c. (Last) <i>McCurdy</i> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <i>11 2 51</i> |

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|----------------------|----------------------------|-----------------------------------------------------------------------------|---------------------------------|-------------------------------------------|----------------------------------|---------------------------------|---------------------------------|
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>W.</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i> | 8. DATE OF BIRTH <i>11-7-84</i> | 9. AGE (In years last birthday) <i>66</i> | IF UNDER 1 YEAR Months <i>11</i> | IF UNDER 24 HRS. Days <i>26</i> | IF UNDER 14 HRS. Min. <i>14</i> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <i>Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|--------------------------------------------|

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| 13a. FATHER'S NAME <i>Robert Hammond</i> | 13b. MOTHER'S MAIDEN NAME <i>Nancy Jane McCurdy</i> | 14. NAME OF HUSBAND OR WIFE |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <i>Records - Ellis Fischel State Cancer Hosp.</i> | ADDRESS |
|----------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <i>4 wks</i> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Abdominal Carcinomatosis</i> | ANTECEDENT CAUSES | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | Morbidity 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
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| 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 *Oct 31, 1951*, to *Nov 2, 1951*, that I last saw the deceased alive on *Nov 2, 1951*, and that death occurred at *2:00 p. m.*, from the causes and on the date stated above.

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|-----------------------------------------------------------------|------------------------------------------------------|---------------------------------|
| 23a. SIGNATURE <i>William A. Salens, M.D.</i> (Degree or title) | 23b. ADDRESS <i>Ellis Fischel State Cancer Hosp.</i> | 23c. DATE SIGNED <i>11-2-51</i> |
|-----------------------------------------------------------------|------------------------------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>11-2-1951</i> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <i>Webb City, Mo.</i> |
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| DATE REC'D BY LOCAL REG. <i>Nov 2 1951</i> | REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Parker Funeral Service, Columbia Mo.</i> | ADDRESS |
|--------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 5 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 5 - 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Carroll M. Bello*

Licensed Embalmer No. 4375

P. O. Address *Columbia, 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.