

REV. 10. 46 FILED OCT 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33331

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

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4205 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> d. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>	
c. LENGTH OF STAY (in this place) <u>69 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gilman City.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gilman City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha Viola</u> b. (Middle) <u>Cutshall</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>10 6 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>2-11-1882</u>
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>7</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Robert Burrell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Oram</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Cutshall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Clarence Burrell Gilman City, Mo.</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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Breast</u> ANTECEDENT CAUSES <u>With Metastases to skull & Liver</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	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) <u>170X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>Oct 1st</u> , 19 <u>51</u> , to <u>Oct 6th</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 5th</u> , 19 <u>51</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Cliver F. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trouton mo.</u>	23c. DATE SIGNED <u>Oct 24 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gilman City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 11-51</u>	REGISTRAR'S SIGNATURE <u>Zola Burrell 116</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Williamson Funeral Home Gilman City</u>	



1952 OCT 31

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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 _____

Doyle E. Williamson

working under my personal supervision.

Student Embalmer No. 420

Signed *Doyle E. Williamson*
Student Embalmer

Signed *Raymond A. Quinn*

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.