No. 300
10.48

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40560

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 333

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital Clair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon 0610
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Callao Missouri 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Isabelle
c. (Last): St. Clair

4. DATE OF DEATH (Month) (Day) (Year): 12-5-1951

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 9-17-1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 2, Days 18 — 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: Same
11. BIRTHPLACE (State or foreign country): Macon County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Rhesa Richardson
13b. MOTHER'S MAIDEN NAME: Letha Rheta Bloyd
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Carl St. Clair Callao, Missouri

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): Diffuse mesenteric thrombosis with gangrene of entire small bowel — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pressure of huge parovarian cyst
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
peritonitis 216 X

19a. DATE OF OPERATION: 12-4-51
19b. MAJOR FINDINGS OF OPERATION: Left opphorectomy, partial jejunectomy, ileectomy, entero-enterostomy.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4-51, *19*___, *to* 12-5-51 *19*___, *that I last saw the deceased alive on* 12-5-51, *19*___, *and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Laughlin Jr D.O. 2
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 12-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 12-7-1951
24c. NAME OF CEMETERY OR CREMATORY: Old Chariton Cemetery
24d. LOCATION (City, town, or county) (State): North of Callao, Missouri

DATE REC'D BY LOCAL REG.: 12-10-51
REGISTRAR'S SIGNATURE: Kate Lambert 6
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.G. Edwards Funeral Service Bevier, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0013
0

Date Received: DEC 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2
Date Filed: DEC 18 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.

Student Embalmer No. _____

Signed James D. Davis

Signed _____
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address Bevier, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.