

S. No. 300  
V. 10.48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4361

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>5287</u>		Registrar's No. <u>4</u>				
1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>0240</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>						
X b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		OR TOWN <u>0240</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mi. SW Excelsior Springs</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. SW Excelsior Springs</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZENE</u>			b. (Middle)		c. (Last) <u>CARROLL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1952</u>			
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>Aug. 19, 1902</u>		9. AGE (In years last birthday) <u>49</u> # UNDER 1 YEAR Months Days # UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>			11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Normen Willey</u>			13b. MOTHER'S MAIDEN NAME <u>May Howard</u>			14. NAME OF HUSBAND OR WIFE <u>Elza Carroll</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elza Carroll, Excelsior Springs, Mo.</u>			ADDRESS <u>Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma of abdomen c metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bilateral cystadenocarcinoma of the ovaries &amp; fallopian tubes.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Ascites</u> <u>175X</u>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <u>9/12/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cystadenocarcinoma of ovaries-fallopian tubes</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>9/1/50</u> , 19 <u>  </u> , to <u>1/16</u> , 19 <u>  </u> <u>52</u> that I last saw the deceased alive on <u>1/15/52</u> , 19 <u>  </u> , and that death occurred at <u>11:55A.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>M. D. Bracken</u> (Degree or title)					23b. ADDRESS <u>M. D. Excelsior Springs, Mo.</u>			23c. DATE SIGNED <u>1/16/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>			24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/18/52</u>		REGISTRAR'S SIGNATURE <u>Baseline Hutchings</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Richard</u>			ADDRESS <u>Excelsior Springs, Mo.</u>		

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lindell 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.