

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7824**

MAR 25 1952

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) R.F.D.# 5			
3. NAME OF DECEASED (Type or Print)		a. (First) Beulah		b. (Middle) H.		c. (Last) Trigg	
4. DATE OF DEATH		(Month) Mar.		(Day) 15		(Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 27, 1894	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 3 Days 17		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Public School Tch'r.			10b. KIND OF BUSINESS OR INDUSTRY 			11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Harris		13b. MOTHER'S MAIDEN NAME Emma Snyder		14. NAME OF HUSBAND OR WIFE Charles D. Trigg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. D. Trigg Jr. Jefferson City			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca of ovary DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION 8-5-50		19b. MAJOR FINDINGS OF OPERATION Ca of ovary et				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) 175X			
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 8-4 , 19 50 , to 3-15 , 19 52 , that I last saw the deceased alive on 3-14 , 19 52 , and that death occurred at 12:11 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. D. Ferguson M.D.				23b. ADDRESS 503 E. High Jefferson City		23c. DATE SIGNED 3-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton, Mo.	
DATE REC'D BY LOCAL REG. March 19-1952		REGISTRAR'S SIGNATURE R. C. Darr		25. FUNERAL DIRECTOR'S SIGNATURE W. R. Wallace		ADDRESS Funeral Home Fulton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

264
0

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 Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, MD.

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.