

STANDARD CERTIFICATE OF DEATH

State File No. 27251

BIRTH NO. FILED AUG 20 1952 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 888

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1013 Ridenbough		d. STREET ADDRESS (If rural, give location) 1013 Ridenbough	

3. NAME OF DECEASED (Type or Print) MARIE	a. (First)	b. (Middle) W.	c. (Last) ROOT	4. DATE OF DEATH Aug. 19 1952
---	------------	----------------	----------------	-------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20 1901	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
---------------	------------------------	--	------------------------------	------------------------------------	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Lincoln Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
---	--	--	------------------------------------

13a. FATHER'S NAME Thomas Hutzler	13b. MOTHER'S MAIDEN NAME Nellie Kennedy	14. NAME OF HUSBAND OR WIFE Lawrence L. Root
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence L. Root St. Joseph Mo.
--	------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		18 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca. of Cervix 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 171X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	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 Feb. 1951, to 8-19, 1952, that I last saw the deceased alive on 8-16, 1952, and that death occurred at 11:20P m., from the causes and on the date stated above.

23a. SIGNATURE Clement C. O'Byrne	(Degree or title)	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 8-22-52
-----------------------------------	-------------------	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. Aug 25, 1952	REGISTRAR'S SIGNATURE Carl C. O'Byrne	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Mo.
---------------------------------------	---------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

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

0117

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 Paul E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.