

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

No. 300  
10.48 **FILED SEP 8- 1952**

State File No. **27290**

|  |   |   |  |  |
|--|---|---|--|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>42</u>  | PRIMARY REG. DIST. NO. <u>5134</u>                                   | Registrar's No. <u>910</u>   |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Buchanan</u>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u> <span style="float:right">0110</span>          |  |  |
| c. LENGTH OF STAY (in this place) <u>11 yrs</u>  |   | d. STREET ADDRESS (If rural, give location) <u>R R #2 St. Joseph</u> <span style="float:right">0</span>   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R R #2 St. Joseph</u>   |   | d. STREET ADDRESS (If rural, give location) <u>R R #2 St. Joseph</u>  |  |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>MADGE</u>  |   | b. (Middle) <u>M.</u>   | c. (Last) <u>THROM</u>   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Aug. 27 1952</u>  |
| <b>5. SEX</b><br><u>Female</u>   | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Married</u>   | <b>8. DATE OF BIRTH</b><br><u>May 14, 1901</u>                       | <b>9. AGE</b> (In years last birthday) <u>51</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS.: Hours _____ Min. _____ |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>House work</u>  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>own Home</u>   |  | <b>11. BIRTHPLACE</b> (State or foreign country) <u>Oregon Missouri</u>  |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U S A</u>  |   | <b>13a. FATHER'S NAME</b><br><u>Charles Meek</u>  |  |  |
| <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Maria Princehouse</u>   |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Albert R. Throm</u>  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | <b>16. SOCIAL SECURITY NO.</b>  |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>Albert R. Throm</u> <u>St. Joseph Mo.</u>   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                            |   | <b>MEDICAL CERTIFICATION</b>  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis - general</u>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 mo.</u>  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>could not tell where it</u><br>DUE TO (c) <u>started even at time of surgery.</u>   |   |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Emaciation</u>   |   |   |  |  |
| <b>19a. DATE OF OPERATION</b><br><u>5-29-52</u>  |   | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>Carcinomatosis - general</u>  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><u>1998</u>  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.  |   | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                       |  | <b>21f. HOW DID INJURY OCCUR?</b>  |
| <b>22. I hereby certify that I attended the deceased from <u>May 28, 1952</u>, to <u>Aug 27, 1952</u>, that I last saw the deceased alive on <u>Aug 27, 1952</u>, and that death occurred at <u>10:08 Am.</u>, from the causes and on the date stated above.</b> |   |   |  |  |
| <b>23a. SIGNATURE</b> (Degree or title)<br><u>Ed Grant M.D.</u>  |   | <b>23b. ADDRESS</b><br><u>St. Joseph Mo</u>   |  | <b>23c. DATE SIGNED</b><br><u>8-28-52</u>  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>  |   | <b>24b. DATE</b><br><u>Aug. 29 1952</u>   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Ashland Cemetery</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>St. Joseph Missouri</u>   |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>Sept. 2, 1952</u>  |   | <b>REGISTRAR'S SIGNATURE</b><br><u>Carl C. Cash</u>   |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Stammy Funeral Home</u> <u>St. Joseph Mo.</u>                                      |

(Licensed Embellisher's Statement on Reverse Side)

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

110

AUG 2 9 1927

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles 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.