

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30852

State File No. \_\_\_\_\_

FILED OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1060

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Plattsburg</b>	
c. LENGTH OF STAY (In this place) <b>1 1/2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1250</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b> b. (Middle) <b>Belle</b> c. (Last) <b>Wills</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 2, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>March 17, 1899</b>	9. AGE (In years less birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 YEAR Days <b>0</b>	IF UNDER 1 MIN. Hours <b>0</b>	IF UNDER 1 MIN. Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jacob T. Gardner</b>		13b. MOTHER'S MAIDEN NAME <b>Kilah C. Lusteri</b>		14. NAME OF HUSBAND OR WIFE <b>unk.</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Will, Plattsburg, Missouri</b>		ADDRESS _____	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Peritonitis generalized</b>		<b>3 days</b>

19a. DATE OF OPERATION <b>25 Sept 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma colon c liver metastasis</b>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>_____</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>_____</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>_____</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>_____</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>_____</b>	21f. HOW DID INJURY OCCUR <b>153X</b>
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22. I hereby certify that I attended the deceased from 21 Sept, 1952, to 2 Oct, 1952, that I last saw the deceased alive on 2 Oct, 1952, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>mo</b>	23b. ADDRESS <b>St Joseph mo</b>	23c. DATE SIGNED <b>10.2.52</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>10/2/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>_____</b>	24d. LOCATION (City, town, or county) (State) <b>Plattsburg Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct 9, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Costello</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hector - Bowman Funeral Home</b>	ADDRESS <b>_____</b>
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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 James P. Hawken

Licensed Embalmer No. 4531

P. O. Address 319 South 10<sup>th</sup> St. Grand

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.