

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9360

State File No.

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 8434 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, St. Johns</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Rural, St. Johns</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Washington Mo RTHA 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington RR²</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emelia</u> b. (Middle) <u>Parde</u> c. (Last) <u>Parde</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Oct 8 1875</u>
9. AGE (In years, last birthday) <u>77</u>		IF OWENED IN YEAR Months <u>5</u> Days <u>28</u>	IF OWENED IN REG. Hours <u></u> Min. <u></u>
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	11. BIRTHPLACE (State or foreign country) <u>Marthasville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Rettke</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Schwer</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Parde</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>Fred Parde RR² Washington</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, breast, left</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>1943</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, left breast 170X</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)	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 13 Sept 1952, to 6 Apr 1953, that I last saw the deceased alive on 2 Apr 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond Bozzo M.D.</u> (Degree or title)	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>7 Apr 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 8 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cases Evangelist</u>
24d. LOCATION (City, town, or county) (State) <u>Gesler Mo</u>		

DATE REC'D BY LOCAL REG. <u>April 7, 1953</u>	REGISTRAR'S SIGNATURE <u>J.P. Hutchinson</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u>	ADDRESS <u>Beaufort Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

360
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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

E. H. Temme

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. H. Temme

Licensed Embalmer No. *3076*

P. O. Address

Beaufort N.C.

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.