

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16930

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0013</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> <u>0013</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>8 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>805 East Harrison Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Mary Hinds WARDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 1, 1869</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>3</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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Frank M. Hinds</u>	
14. MOTHER'S MAIDEN NAME <u>Nancy Johnson</u>				15. NAME OF HUSBAND OR WIFE <u>M. T. Warden - Kirkville</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. T. Warden - Kirkville, Mo.</u>	
--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>			DUE TO (b) <u>Metastasis from carcinoma of sigmoid colon</u>			1 yr		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</i>			DUE TO (c) <u>Ascites</u>			(Est.) <u>1 1/2 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						5 mos		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</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 Oct 10, 1951 to June 3, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at approx 12:00 AM, June 4, 1953 from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Roderick, D.O.</u> (Degree or title)		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>6-6-53</u>	
--	--	------------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>6-6-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Randolph Davis - Kirkville, Mo.</u>	
--	--	---	--	---	--

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

FEB 3 1959

VS JAN 6 1960

JUL 2 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Guy J. Shelton*
Licensed Embalmer No. 4700

Signed.....
Student Embalmer

P. O. Address Kirksville, 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.