

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17191

Dr. L. Harwell
FILED MAY 21 1953

State File No. _____
Registrar's No. 192

BIRTH NO. _____		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007
1. PLACE OF DEATH a. COUNTY Butler 0124		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler 0124	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff 0	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 112 South B. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Norma b. (Middle) E. c. (Last) Finney			4. DATE OF DEATH (Month) (Day) (Year) May 7, 1953		
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH Jan. 4, 1907		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Days 4	
11. BIRTHPLACE (State or foreign country) Decatur, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.		13. IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Decatur, Ill. /	

13a. FATHER'S NAME Jack E. White		13b. MOTHER'S MAIDEN NAME Lida Yohe		14. NAME OF HUSBAND OR WIFE Ralph Finney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Finney Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of ovaries with intrabdominal metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH 8 mos.
	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. 175X		

19a. DATE OF OPERATION 7 Oct. 1952		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of ovaries with metastasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		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 24 Sept. 1952, to 7 May, 1953, that I last saw the deceased alive on 7 May, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. Harwell, M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5 May 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 5/11/53		REGISTRAR'S SIGNATURE R.H. Menetree			

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

RECEIVED
MAY 18 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Walker R. Knight

Licensed Embalmer No. 4514
41200

P. O. Address Poplar Bluff - 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.