

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17534**

FILED JUN 8 1953

REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4163** Registrar's No. **42**

0310

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Jamesport		c. CITY (If outside corporate limits, write RURAL and give township) Jamesport. 0310	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) ETHEL b. (Middle) ESTHER c. (Last) Wood		4. DATE OF DEATH (Month) (Day) (Year) June 3 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10-1900.
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME John Hawkins		13b. MOTHER'S MAIDEN NAME Hella Harris	
14. NAME OF HUSBAND OR WIFE Estel Wood			
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Gatt Jamesport Mo.		ADDRESS Jamesport 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Colon and INTERVAL BETWEEN ONSET AND DEATH 6 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Intestine - metastatic from sigmoid DUE TO (c) Wray 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175x	
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 Jan 2, 1952 to June 3, 1953 , that I last saw the deceased alive on June 2, 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE F. B. Bailey (Degree or title) MD		23b. ADDRESS Jamesport Mo.	
23c. DATE SIGNED June 4, 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5-1953	
24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) Jamesport, Mo.	
DATE REC'D BY LOCAL REG. 6-6-53		REGISTRAR'S SIGNATURE Virginia M. Englehart	
25. FUNERAL DIRECTOR'S SIGNATURE Q. J. O'Connell		ADDRESS Jamesport Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 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 Robert N. Mahary

Licensed Embalmer No. 4348

P. O. Address Jamestown 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.