

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18875**

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Perryville	c. LENGTH OF STAY (in this place) 15 Days	c. CITY (If outside corporate limits, write RURAL and give township) Rural Bois Brule Township 0790	d. STREET ADDRESS (If rural, give location) Mc Bride Route 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Mary c. (Last) Nuyt			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 23, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County, Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Arthur Lhoté		13b. MOTHER'S MAIDEN NAME Catherine Schroeder		14. NAME OF HUSBAND OR WIFE Joseph Nuyt	
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 ADDRESS Joseph Nuyt, Mc Bride Route, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of ovaries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH one year
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175A			

19a. DATE OF OPERATION 3/11/53	19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovaries - metastases		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 **March 9, 1953** to **Apr. 22, 1953**, that I last saw the deceased alive on **Apr. 22, 1953**, and that death occurred at **5:49A.M.**, from the causes and on the date stated above.

23a. SIGNATURE William H. Hoffman M.D.		23b. ADDRESS Coryville, Mo.		23c. DATE SIGNED 5/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Belgique, Mo.	

DATE REC'D BY LOCAL REG. May 25-53	REGISTRAR'S SIGNATURE Joe J. Zollner	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey	ADDRESS Coryville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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, _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. *38668*

P. O. Address *Ferrville, 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.