

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11542

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>37</u>					
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this office) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>R#1 Liberty 6000</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#1 Liberty</u>				d. STREET ADDRESS (If rural, give location) <u>R#1 Liberty 6000</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>			b. (Middle) <u>CLARE</u>		c. (Last) <u>WALTRIP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26-54</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>Jan. 20-1906</u>		9. AGE (In years last birthday) <u>48</u> MONTHS <u>3</u> DAYS <u>6</u> IF UNDER 1 YEAR IF UNDER 1 HOUR Hours Mins.			
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 (City and State or Foreign Country) <u>Irving, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Geo. F. Yoak</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie P. Rhudy</u>			14. NAME OF HUSBAND OR WIFE <u>Homer V. Waltrip</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer V. Waltrip Liberty mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>primary ca of cervix 4 years</u> DUE TO (c) <u>Pr 171X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Bilateral nephrectomy 1 yr ago</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>April 26, 1954</u> , and that death occurred at <u>8:35 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Count Goodson M.D.</u>					23b. ADDRESS <u>Liberty mo</u>			23c. DATE SIGNED <u>4/28/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hugh</u>		24d. LOCATION (City, town, or county) (State) <u>Stanhurst mo.</u>					
DATE REC'D BY LOCAL REG. <u>April 30, 1954</u>		REGISTRAR'S SIGNATURE <u>Nabel Graham</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church Avenue B. Liberty mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 Harold B. Smith

Licensed Embalmer No. 4575

P. O. Address Lebanon, 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.