

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30433**

FILED SEP 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,		c. LENGTH OF STAY (In this place) 36 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,			
d. FULL NAME OF HOSPITAL OR INSTITUTION X				d. STREET ADDRESS (If rural, give location) 319 Walnut			
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE ESTELLA b. (Middle) GOOD c. (Last) GOOD			4. DATE OF DEATH Month 8 Day 8 Year 1954				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W	8. DATE OF BIRTH 11-10-1876		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 X		11. BIRTHPLACE (State or foreign country) SEDAN, KANSAS		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME O. C. BRICKER		13b. MOTHER'S MAIDEN NAME ELECTRA SPRAGUE		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WM. PYLE, WEST PLAINS, MISSOURI			
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) CARCINOMA OF PANCREAS 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. CACHEXIA - MALNUTRITION				INTERVAL BETWEEN ONSET AND DEATH 6 months 3 months	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to 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 <u>5-22, 1953</u> , to <u>8-8, 1954</u> that I last saw the deceased alive on <u>8-7, 1954</u> , and that death occurred at <u>7:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE Cash N. Wilson M.D. (Degree or title) P23b. ADDRESS West Plains, Mo				23c. DATE SIGNED 8-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 8-11-54		24c. NAME OF CEMETERY OR CREMATORY SEDAN		24d. LOCATION (City, town, or county) (State) SEDAN, KANSAS	
DATE REC'D BY LOCAL REG. 9-13-54		REGISTRAR'S SIGNATURE Beatrice Cook 379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO			

(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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. A. Roberts

Licensed Embalmer No. *3432*

P. O. Address *West Plains*

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.