

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33444

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 4159		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give township) Pattonsburg, Mo.		c. LENGTH OF STAY (in this place) 60 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Pattonsburg, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Jennie Lee Giseburt			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct 26, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 1, 1894	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pattonsburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Matthew H. Mott		13b. MOTHER'S MAIDEN NAME Sarah F. Merryfield		14. NAME OF HUSBAND OR WIFE Charles A. Giseburt	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles A. Giseburt, Pattonsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma ovary with metastasis to abdominal viscera</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>175 X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>From history about 8 months</u>	
19a. DATE OF OPERATION Aug 18 - 1954		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma ovary and generalized carcinoma abdominal cavity</u>				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 15, 1954</u> , to <u>10-26, 1954</u> , that I last saw the deceased alive on <u>10-23, 1954</u> , and that death occurred at <u>5 1/2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fred W. Wilson</u>				23b. ADDRESS <u>Winton, Mo.</u>		23c. DATE SIGNED <u>10/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>10-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>H.H. Nov. 1954</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Guss</u>		ADDRESS <u>Pattonsburg, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-480310
1

AUG 8 1938
DEC 7 1938

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 Louis Forest

Licensed Embalmer No. 4094

P. O. Address Pattonburg, 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.