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

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25303**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **211**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. CITY OR TOWN MEXICO	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 DAYS		No. STREET ADDRESS (If rural, give location) 118 N. MISSISSIPPI	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER CANCER HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) DORA	b. (Middle) FRANCES	c. (Last) TATE	4. DATE OF DEATH (Month) (Day) (Year) 8 13 55
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-28-1886
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8 Days 16	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	11. BIRTHPLACE (City and State or Foreign Country) NEW FLORENCE, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DECEASED Wm Easley	13b. MOTHER'S MAIDEN NAME DECEASED Ellen Cobb	14. NAME OF HUSBAND DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS	ADDRESS Dennis Tate Mexico Mo
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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) Adenocarcinoma of liver (bile duct type) with general metastases.		INTERVAL BETWEEN ONSET AND DEATH 4 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) metastases.		
	DUE TO (c) 1561		
II. 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-3, 1955**, to **8-13, 1955**, that I last saw the deceased alive on **8-13, 1955**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Richard E. Johnson, M.D.	(Degree or title)	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 8-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 13 55	24c. NAME OF CEMETERY OR CREMATORY Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
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DATE REC'D BY LOCAL REG. Aug. 13 1955	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	30-0	25. FUNERAL DIRECTOR'S SIGNATURE Brett Hueston	ADDRESS Funeral Home, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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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 Signature of Student Embalmer

Signed *Rafael Hernandez* Licensed Embalmer No.

P. O. Address *Mexico*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.