

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32186**

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. CITY OR TOWN BOONVILLE	d. Is 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) 34 days		e. STREET ADDRESS (If rural, give location) 1201 MAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISS FISCHEL STATE CANCER HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) VIOLA c. (Last) BRADFORD			4. DATE OF DEATH (Month) (Day) (Year) 10-20-55			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPERATED	8. DATE OF BIRTH 2-20-25	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 8 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL WORK		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) OVERTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME CHAP OVERTON		13b. MOTHER'S MAIDEN NAME EDITH OVERTON		14. NAME OF HUSBAND OR WIFE SEPERATED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Cervix		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c) _____			171X	
		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"/>	
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) (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 **Sept 16, 1953**, to **Oct 20, 1955**, that I last saw the deceased alive on **Oct 20, 1955**, and that death occurred at **20:00** m., from the causes and on the date stated above.

23a. SIGNATURE Alden Mc Chesney (Degree or title) Commanding Surgeon, State Ca. Hospital		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 10-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 24-1955		24c. NAME OF CEMETERY OR CREMATORY County	
24d. LOCATION (City, town, or county) (State) Boonville Mo		25. FUNERAL DIRECTOR'S SIGNATURE Stuart P. Parker ADDRESS Columbia Mo		DATE REC'D BY LOCAL REG. Oct 22 1955	
REGISTRAR'S SIGNATURE Mrs R E Palmer		31- _____			

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

1951
Nov 11

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 *Stuart R. Parker*

Licensed Embalmer No. *29*

P. O. Address *Columb*

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.