

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. FARRELL
State File No. **36583**

FILED DEC 12 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1099

1. PLACE OF DEATH a. COUNTY GREENE		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 SPRINGFIELD		c. LENGTH OF STAY (in hospital) 12 DAYS	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		e. STREET ADDRESS (If rural, give location) ROUTE # 2	

3. NAME OF DECEASED (Type or Print)	a. (First) EFFIE	b. (Middle) L.	c. (Last) REED	4. DATE OF DEATH (Month) (Day) (Year) DEC. 3 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-6-1910	9. AGE (In years last birthday) Months Days If UNDER 1 YEAR Hours Min. 45
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) Peace Valley, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN GILLIAM	13b. MOTHER'S MAIDEN NAME MARTHA SEAY	14. NAME OF HUSBAND OR WIFE FRANK C. REED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK C. REED WEST PLAINS, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Artemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Bilateral Ovarian Carcinomatosis DUE TO Extensive abdominal, liver and Pulmonary metastases		
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 175X	20. AUTOPSY? YES <input 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) (Min.)	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 9-11-55, 1955, to 12-3-55, 1955, that I last saw the deceased alive on 12-3-55, 1955, and that death occurred at 6:25 A., from the causes and on the date stated above.

23a. SIGNATURE F. Farrell (Degree or title) M.D.	23b. ADDRESS Professional Bldg.	23c. DATE SIGNED 12-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-3-1955	24c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) PEACE VALLEY, MISSOURI
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DATE REC'D BY LOCAL REG. 12-6-55	REGISTRAR'S SIGNATURE Frank Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Springfield, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1955

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. *Lucian L. Buckley*

Licensed Embalmer No. *487*

P. O. Address *Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.