

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40194**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1127-A**

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Dallas		
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (In this place) 1 week	c. CITY OR TOWN Charity RR		d. Is 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 BURGE Hospital			e. STREET ADDRESS (If rural, give location) 0 201/		
3. NAME OF DECEASED (Type or Print) a. (First) ARDE NELL b. (Middle) C c. (Last) CLINE			4. DATE OF DEATH (Month) (Day) (Year) 12-15-1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-11-1926		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 29 2 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dallas Co Mo		12. CITIZEN OF WHAT COUNTRY? Mo
13a. FATHER'S NAME Benton Gunn		13b. MOTHER'S MAIDEN NAME Nola Gunn		14. NAME OF HUSBAND OR WIFE L	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nola Kilburn, No. 175X		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary				INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last. DUE TO (c) -				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X				
19a. DATE OF OPERATION Oct 1955	19b. MAJOR FINDINGS OF OPERATION Extensive Ca of ovary & Hepatic metastases			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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -	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 11-7 , 19 55 , to 12-15 , 19 55 , that I last saw the deceased alive on 12-15 , 19 55 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. A. Linton M.D.			23b. ADDRESS Burge Hospital, Springfield		23c. DATE SIGNED 12-27-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-18-55	24c. NAME OF CEMETERY OR CREMATORY Gunn		24d. LOCATION (City, town, or County) (State) Dallas Co Mo	
DATE REC'D BY LOCAL REG. 12-27-55	REGISTRAR'S SIGNATURE Edna Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. B. Jones Burge, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Leonard B. J. [Signature]*.....

Licensed Embalmer No. 259

P. O. Address *Buffalo*

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.