

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26498**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE FLORIDA b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LABADIE		c. CITY OR TOWN NOKOMIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) 809 S	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) RUSSELL c. (Last) NORTH d. DATE OF DEATH (Month) (Day) (Year) AUG. 29 1956						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 3, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 12 HRS. Hours - Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEDICAL DOCTOR, RET.		10b. KIND OF BUSINESS OR INDUSTRY MEDICAL PROFESSION		11. BIRTHPLACE (City and State or Foreign Country) MARSHFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS J. NORTH	13b. MOTHER'S MAIDEN NAME MARGARET WALLACE	14. NAME OF HUSBAND OR WIFE MARY WARREN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY WARREN NORTH, NOKOMIS, FLA.

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 3 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, sigmoid		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 153X	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) _____	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 26 Aug, 1956, to 29 Aug, 1956, that I last saw the deceased alive on 26 Aug, 1956, and that death occurred at 11:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond J. Bossio, M.D.		23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 29 Aug 56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/31/1956	24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY	24d. LOCATION (City, town, or county) (State) LABADIE FRANKLIN CY. MO.
DATE REC'D BY LOCAL REG. Aug 30 - 56	REGISTRAR'S SIGNATURE Mary B. Krass	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Otto & Co Henry W. Otto Washington	

(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 31 1958

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 none, Student Embalmer No. none working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry W. Otto
Licensed Embalmer No. 3560

P. O. Address Washington

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.