

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		c. CITY OR TOWN <u>LEWISTOWN</u>	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) <u>XXXXXX</u>		e. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAMA</u> b. (Middle) <u>ROZELLE</u> c. (Last) <u>McCABE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 5, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11/7/1922</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>MT. STERLING, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>DAKOTA POTTER</u>		13b. MOTHER'S MAIDEN NAME <u>IVAH CORY</u>		14. NAME OF HUSBAND OR WIFE <u>BILL McCABE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BILL McCABE</u>	ADDRESS <u>LEWISTOWN, MO.</u>
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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 <u>3 Days.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>due to carcinoma</u> DUE TO (c) <u>metastatic from Ovaries.</u>		
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 <u>175.X</u>	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) <u>LEWISTOWN MISSOURI</u>
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 Aug, 1953, to 5 Nov, 1956, that I last saw the deceased alive on 5 Nov, 1956, and that death occurred at P.O.A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Will</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>Lewis Town MO</u>	23c. DATE SIGNED <u>6 Nov 56</u>
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COLONY</u>	24d. LOCATION (City, town, or county) (State) <u>COLONY, MISSOURI</u>

DATE REC'D BY LOCAL REG. <u>11-7-56</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	EMERALD DIRECTOR'S SIGNATURE <u>Charles W. Conroy</u>	ADDRESS <u>Lewistown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Charles L. Arnold*

Licensed Embalmer No..4667..

P. O. Address..LEWISTOWN,...

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.