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FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36918

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfax
c. LENGTH OF STAY (in this place) 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fairfax Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Phelps City, 0030
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Naomi c. (Last) Daugherty

4. DATE OF DEATH (Month) (Day) (Year) 11-14-1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1-8-1888

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 10 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Tennessee

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Robt. Huntley

13b. MOTHER'S MAIDEN NAME Elizabeth Armstrong

14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Wiley Daugherty ADDRESS Phelps City

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) Generalized carcinomatosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of the endometrium

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 172X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/21/55, 19__, *to* 11/14/56, 19__, *that I last saw the deceased alive on* 11/13/56, 19__, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. L. Niedermeyer M.D.

23b. ADDRESS Yorka Mo.

23c. DATE SIGNED 11/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-16-1956

24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.

24d. LOCATION (City, town, or county) (State) Hamburg. Iowa.

DATE REC'D BY LOCAL REG. Nov 21, 1956

REGISTRAR'S SIGNATURE Marvin H. Schooler

25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary. ADDRESS Rockport.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Fritz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.