

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37033

STATE FILE NUMBER

FILED DEC 10 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BETHANY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLIS FISCHER ST. CA.		Length of stay in 1b 3 DAYS	d. STREET ADDRESS (If outside, give location) P.F.D. # 4
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First RENA Middle EULA Last RAGAN			4. DATE OF DEATH Month 12 Day 3 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1914	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 9 Days 24 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BETHANY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HERSCHELL SUTTON			14. MOTHER'S MAIDEN NAME ZELLA CLARK		
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 Address HOSPITAL RECORDS		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/30/56 to 12/3/56 and last saw ^(see) him alive on 12/1/56 Death occurred at 5:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE P. J. Edmondson (Degree or title) M.D.	22b. ADDRESS State Cancer Hosp.	22c. DATE SIGNED 12/3/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-3-1954	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Bethany, Missouri
24. FUNERAL DIRECTOR Career Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Dec 3 1956	26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

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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.....
James Hellyer

Licensed Embalmer No. *4874*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.