

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1662

FILED JAN 15 1957

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 1

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>   |  | c. CITY OR TOWN <u>Carthage</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)  |  | STREET ADDRESS (If rural, give location) <u>413 Olive</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>413 Olive</u>   |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>BETTY</u>   |  | b. (Middle) <u>LOUISE</u> c. (Last) <u>BOOTS</u>  |   |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>January 2, 1957</u>  |  | 5. SEX <u>female</u>  |   |
| 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>  |   |
| 8. DATE OF BIRTH <u>April 3, 1921</u>  |  | 9. AGE (In years last birthday) <u>35</u>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   |
| 13a. FATHER'S NAME <u>Ralph W. Rand</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Alma M. Gresham</u>  |   |
| 14. NAME OF HUSBAND OR WIFE <u>None</u>  |  | 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<br><u>Mrs. Alma Euart Columbia, Mo.</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis of peritoneum</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of ovary</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 21. INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u><br><u>2 years</u>   |   |
| 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) (Min.)  |   |
| 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 <u>11/26, 1948</u> , to <u>1/2, 1957</u> , that I last saw the deceased alive on <u>1/2, 1957</u> , and that death occurred at <u>4:00 p m.</u> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>  |  | 23b. ADDRESS <u>Carthage, Missouri</u>  |   |
| 23c. DATE SIGNED <u>1/3/57</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |   |
| 24b. DATE <u>Jan. 5, 1957</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>   |   |
| 24d. LOCATION (City, town, or county) (State) <u>Carthage Missouri</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>KNELL MORTUARY Carthage, Mo.</u>   |   |
| DATE REC'D BY LOCAL REG. <u>1-4-57</u>   |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>  |   |

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

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Date Filed APR 11 1957

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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 O. L. Isbell .....

Licensed Embalmer No. 4970

P. O. Address Cottage

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.