

Health, Welfare
Public
Service

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20002
STATE FILE NUMBER 56
3004 Registrar's No.

Registration District No. 15 Primary Registration District No.

300
-57

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar Mo	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Hosp.		Length of stay in lb 2 mos.	
d. STREET ADDRESS		(If outside, give location) 0	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last LOUISE JULIA WAITS			4. DATE OF DEATH Month Day Year June 23 57
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 Nov. 14, 1914
9. AGE (In years) Log (to birthday) 42		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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 OWN Home	11. BIRTHPLACE (City and state or country) Horton, Mo.
12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Oliver Gossett		13b. MOTHER'S MAIDEN NAME Cora Gossett	14. NAME OF HUSBAND OR WIFE Bob Waits
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Bob Waits Lamar Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adiposic Adenocarcinoma of Right Breast		INTERVAL BETWEEN ONSET AND DEATH Feb 1956	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple metastases Especially to Bones of spine + ribs			
DUE TO (c) to Bones of spine + ribs			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 1956 to June 23, 1957 and last saw her alive on June 23, 1957 Death occurred at 10:40 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) John T. Bickel, M.D.		22b. ADDRESS Lamar, Mo.	
22c. DATE SIGNED 6/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 25 57	
23c. NAME OF CEMETERY OR CREMATORY Sheldon		23d. LOCATION (City, town, or county) (State) Sheldon Mo.	
24. FUNERAL DIRECTOR ADDRESS Beech General Home Sheldon Mo.		25. DATE RECD. BY LOCAL REG. JUN 24 57	
26. REGISTRAR'S SIGNATURE Marie Korantz			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edward Henry*

Licensed Embalmer No. *4203*
P. O. Address. *Shelton, Mo.*

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.