

Health,  
Welfare  
Public  
Service

300  
1-56

Secretary of Health, Missouri, use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
25459

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONROE CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MONROE CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>127 E. Lawn St</b>		Length of stay in 1b <b>12 Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>127 E. Lawn St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DORIS</b> Middle <b>TONE</b> Last <b>MIDD</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>6</b> Year <b>1957</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUGUST 14, 1919</b>		9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Month <b>11</b> Day <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>SPENCER, IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>FRANK RICHARD CARPENTER</b>				14. MOTHER'S MAIDEN NAME <b>SITSAN MARTON WHITE</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>186-28-9238</b>		17. INFORMANT Address <b>Charles James Mudd, Monroe City, Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Liver</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of Cervix</b>						2 years	
DUE TO (c) <b>171X</b>							
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 <b>April 20 1955</b> to <b>Aug 6, 1957</b> and last saw her/him alive on <b>Aug 5, 1957</b> Death occurred at <b>10. A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Charles James Mudd</i>				22b. ADDRESS <b>Monroe City Missouri</b>		22c. DATE SIGNED <b>8/8/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>AUG 9, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOLY ROSARY CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons</b>			ADDRESS <b>Monroe City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-9-57</b>		26. REGISTRAR'S SIGNATURE <i>Elaine Robertson</i>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by Me..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lester L. Wilson.....  
Licensed Embalmer No... 301

P. O. Address... MONROE. CIT

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.