

FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 27744
State File No. 121

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lone Jack</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Town</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tina</u> b. (Middle) ----- c. (Last) <u>Waters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1957</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 11 1896</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lone Jack Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Thomas King</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie *****</u>	14. NAME OF HUSBAND OR WIFE <u>Ralph Waters (DEC)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ray Prewitt Montrose Colo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA ATOSIS Abdominis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA RT. OVARY</u>			<u>2 1/2 YEARS</u>
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>Feb. 7, 1957</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA RT. OVARY 175X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>5 Feb 1957</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from 5 Feb 1957 to 14 Aug 1957, that I last saw the deceased alive on 14 Aug 1957, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D J Bargu M.D.</u>	23b. ADDRESS <u>Harrisonville Mo.</u>	23c. DATE SIGNED <u>14 Aug 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/17/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>	24d. LOCATION (City, town, or county) (State) <u>Lone Jack Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 17, 1957</u>	REGISTRAR'S SIGNATURE <u>Lora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home Lee's Summit Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 19 1957
HEALTH DEPARTMENT

JAN 23 1958

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 *W. B. [Signature]*
Licensed Embalmer No. *3833*
P. O. Address *Lee's Summit*

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