

Doctor, coroner, etc. must 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1957

41475

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Louisiana</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>29th & Kentucky</u>	
3. NAME OF DECEASED (Type or print) First <u>MAZO</u> Middle <u>WILMA</u> Last <u>COLBERT</u>						4. DATE OF DEATH Month <u>NOV.</u> Day <u>24</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 21, 1903</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>telephone operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Operator</u>	11. BIRTHPLACE (City and state or country) <u>La Plata, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Lewis Robert Wolf</u>				14. MOTHER'S MAIDEN NAME <u>Ethel Wheeler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-07-6812</u>		17. INFORMANT Address <u>Mr. Roy Colbert, Louisiana, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Papillary Cystadenocarcinoma of rt ovary.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: _____							INTERVAL BETWEEN ONSET AND DEATH <u>March/57</u>
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.) <u>175X</u>				
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 <u>March 22/57</u> to <u>Nov. 24/57</u> and last saw her/him alive on <u>11/22/57</u> . Death occurred at <u>4:10 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) <u>G. L. Belgin D.O.</u>				22b. ADDRESS <u>Louisiana, MO.</u>		22c. DATE SIGNED <u>11/25/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>11/26/57</u>	<u>greenwood cemetery</u>		<u>Pike Co., Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Sterne Funeral Home, Louisiana, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 25, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

DEC 29 1958

MAR 26 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.....
Signature of Student Embalmer

Signed *Virginia M. Stern*

Licensed Embalmer No. 4649

P. O. Address *Pennsion*

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.