

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43331
STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 373 Primary Registration District No. 6265 Registrar's No. 57

S. 300
v. 1-57
1120

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR STRAFFORD MO TOWN STRAFFORD MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN STRAFFORD RI Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) GERTIE MAY CRUISE			4. DATE OF DEATH Month Day Year NOV 15 1957			
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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 25 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME DAVID WEACH	13b. MOTHER'S MAIDEN NAME SARAH BARNHART	13c. NAME OF HUSBAND OR WIFE JOHN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT JOHN CRUISE	Address STRAFFORD MO RI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 17 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Metastatic cancer to abdomen, liver & lungs		2 1/2 months
	DUE TO (c) adenocarcinoma of the common bile duct		4-6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic cholecystitis with cholelithiasis 15 5/2 Surgery 9/11/57			

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from Nov. 3, 1957 to Nov. 15, 1957 and last saw her alive on Nov. 14, 1957 p.m. Death occurred at 1:25 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Macdonnell M.D.	22b. ADDRESS marshfield, mo.	22c. DATE SIGNED Nov. 21, 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-18-1957	23c. NAME OF CEMETERY OR CREMATORY WEACH	23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
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24. FUNERAL DIRECTOR EDWARD EDWARDS	ADDRESS MARSHFIELD	25. DATE RECD. BY LOCAL REG. 11-20-57	26. REGISTRAR'S SIGNATURE Francis
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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: *R. W. Barber*

Licensed Embalmer No. *384*
P. O. Address *Wm. Grove 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.