

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014898  
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 25

0570  
300  
1-56

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELSBERRY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PORTAGE DE SOUX</b> <sup>0920</sup>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LADELLE NURSING HOME</b>		Length of stay in 1b <b>1 MONTH</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ALICE MAUD WHITE</b>			4. DATE OF DEATH Month Day Year <b>MARCH 28 1958</b>		
5. SEX <b>F.</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>APRIL 26, 1904</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>SARDIS STARS, MISS. 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <del>UNKNOWN</del> <b>JAMES CHALK</b>			14. MOTHER'S MAIDEN NAME <del>UNKNOWN</del> <b>EDNA VAN HORN</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>412-09-3627</b>	17. INFORMANT Address <b>Medical Chart</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>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of the Cervix uteri</b>	
	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 Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <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 **Mar 23, 1958** to **Mar. 28, 1958** and last saw her <sup>her</sup> <sub>him</sub> alive on **Mar 28, 1958**. Death occurred at **10:30 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or Print) **Robert M. Paul H.D. Elsherry, Mo.** 22b. ADDRESS **Wentzville, Mo.** 22c. DATE SIGNED **Mar. 31, 1958**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **3/31/58** 23c. NAME OF CEMETERY OR CREMATORY **LINN CEM.** 23d. LOCATION (City, town, or county) (State) **Wentzville, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Marie Muschay Wentzville, Mo** 25. DATE RECD. BY LOCAL REG. **4/19/1958** 26. REGISTRAR'S SIGNATURE **Asst. Clarence Kintzy**

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*[Handwritten Signature]*

Licensed Embalmer No.....  
*40*

P. O. Address.....  
*Elmhurst*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.