

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021407

STATE FILE NUMBER

FILED JUL 7 1958

Registration District No. 101

Primary Registration District No. 5397

Registrar's No. 24

300
-57

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cabool (Bryan Twp)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cabool 6370
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.# 3		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) R.F.D.# 3
3. NAME OF DECEASED (Type or print) First Oma Middle Ellen Last White			4. DATE OF DEATH Month June Day 20 Year 1958
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 November 5, 1913
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Douglas County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles Reece	
13b. MOTHER'S MAIDEN NAME Mary Buchanon		14. NAME OF HUSBAND OR WIFE James D. White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 537-34-0525	17. INFORMANT James D. White Address Cabool, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Adenocarcinoma of breast with metastasis. DUE TO (c) 170X			INTERVAL BETWEEN ONSET AND DEATH 2 Days.
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. Month, Day, Year _____			
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 _____ to _____ and last saw her alive on _____ Death occurred at 8:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. R. Craig D.O. (Degree or title)		22b. ADDRESS Mountain Grove Mo	22c. DATE SIGNED 6-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Penner Cemetery	23d. LOCATION (City, town, or county) (State) Douglas County, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-30-58
26. REGISTRAR'S SIGNATURE Uestal Bushman			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *George Stofko*
Licensed Embalmer No. *3161*
P. O. Address *Wm. Stofko, Jr.*

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.