SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-011392

D MAR 28 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2517

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN: Wellsville
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 110 E. Locust
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GLADYS Middle M. Last POMEROY
4. DATE OF DEATH: Month MARCH Day 14 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 1/22/1893
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
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): Montgomery Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Orville Porter
13b. MOTHER'S MAIDEN NAME: Alice Hayes
14. NAME OF HUSBAND OR WIFE: Unavailable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Alta Dunham, Address: Wellsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF BLADDER WITH METASTASES TO RETROPERITONEAL NODES AND LUNG — 1 YEAR
DUE TO (c) 181.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
HYPOTHYROIDISM
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 MARCH 29, 1954, to MARCH 14, 1961 and last saw her/him alive on MARCH 14, 1961
Death occurred at 8:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F R Bradley (Degree or title) F. R. BRADLEY, M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 3/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-17-61
23c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery
23d. LOCATION (City, town, or county) (State): Wellsville, Mo.
24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc. ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 15 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.