

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1861

State File No.

0650 /

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5773</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township): <u>Rural Morgan Twp.</u>			c. LENGTH OF STAY (in this place) <u>45 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township): <u>Rural Morgan Twp.</u>			<u>0650</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u>			b. (Middle) <u>Alice</u>		c. (Last) <u>Owens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29-51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 15, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Grundy Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Susan McHargue</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy Girdner Princeton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Metastatic carcinoma pilmonary and ribs, secondary to Carcinoma rt breast.</u>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Operated 1946 and again March 1950</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma pilmonary and ribs, secondary to Carcinoma rt breast.</u>				ANTECEDENT CAUSES			DUE TO (b) <u>breast.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)			170X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							1950
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Primary Ca right breast</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 8, 1945</u> , to <u>Jan 29, 1951</u> , that I last saw the deceased alive on <u>Jan 28, 1951</u> , and that death occurred at <u>8:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. S. Gristers M.D.</u>				23b. ADDRESS <u>Princeton, Mo.</u>		23c. DATE SIGNED <u>1/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spickard Cemo.</u>		24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-2-51</u>		REGISTRAR'S SIGNATURE <u>M. J. Ruth</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



DEC 3 1951
JUL 17 1951

MAR 26 1954

JUL 2 1952

SEP 12 1957

AUG 7 1957

MAR 9 1951

DEC 23 1953

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 _____
Student Embalmer

Signed *Juan Martin*

Licensed Embalmer No. 3760

P. O. Address *Pinebluffs, MD.*

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 this body is not embalmed, fact should be so stated above.