

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29124

STATE FILE NUMBER

FILED AUG 28 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Francois Twp. 09</b> <input checked="" type="checkbox"/> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Farmington RFD #2</b> Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Minnie</b> Middle <b>N</b> Last <b>McCord</b>			4. DATE OF DEATH <b>August 20, 1957</b> Month <b>August</b> Day <b>20</b> Year <b>1957</b>
5. SEX <b>Female</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>July 1st, 1896</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Month <b>1</b> Day <b>19</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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	11. BIRTHPLACE (City and state or country) <b>Iron County, Missouri</b>
13. FATHER'S NAME <b>Earl King</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</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>---</b>	17. INFORMANT <b>Bryant McCord, R2, Farmington, Mo</b> Address
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>Generalized Carcinomatosis</b> DUE TO (b) <b>Ca 7 Lumber Spine</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>196X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		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 <b>Hour Month Day Year</b> a. m. p. m.	
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 <b>St. Francois</b> COUNTY <b>St. Francois</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>Jan 5 57</b> to <b>Aug 20 57</b> and last saw her <sup>born</sup> alive on <b>8-20-57</b> . Death occurred at <b>4:05 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C H Appleberry</b> (Degree or title)		22b. ADDRESS <b>Reveries Inc</b>	22c. DATE SIGNED <b>8-21-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/22/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Three Rivers Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Francois, Co. Missouri</b>
24. FUNERAL DIRECTOR <b>C.Z. BOYER &amp; SON</b> ADDRESS <b>DESLOGE, MO</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 21, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Ether Redloff</b>

MEDICAL CERTIFICATION

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 *C. L. Royer*.....

Licensed Embalmer No. *16*.....

P. O. Address *Des Moines*.....

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