

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22709**

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>147</u>		
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>				
b. CITY OR TOWN <u>Mexico</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY <u>8</u> <u>days</u> <small>(If in this place)</small>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Water Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>			b. (Middle) <u>JO</u>		c. (Last) <u>MCCORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 6 1921</u>		9. AGE (In years last birthday) <u>34</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laddonia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Roy Talbott</u>			13b. MOTHER'S MAIDEN NAME <u>Ollie Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas McCord</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas McCord</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF UTERUS WITH METASTASIS</u> ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small> DUE TO (b) <u>Metastasis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 6 mos</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>174x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
22. I hereby certify that I attended the deceased from <u>Oct 14 1955</u> , to <u>July 27 1956</u> , that I last saw the deceased alive on <u>7-27 1956</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. B. Swan</u>			(Degree or title) <u>19-0-A</u>		23b. ADDRESS <u>Trucks, Mo</u>		23c. DATE SIGNED <u>7-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/25/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laddonia, Audrain, Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 25 1956</u>		REGISTRAR'S SIGNATURE <u>B. P. Neely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Neely</u> ADDRESS <u>Wellsville Mo</u>			

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

9-0

VS
OCT 13 1959

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 E. B. Yella

Licensed Embalmer No. 1588

P. O. Address Wellerille Mo

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.