

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40917

State File No. \_\_\_\_\_

0171  
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FILED JAN 5 1952 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 2011 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carrollton</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Hale, RFD</b>	170
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Staton Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles west Hale</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GERTRUDE</b> b. (Middle) <b>ALICE</b> c. (Last) <b>HOY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 18 1951</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 18, 1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 1 YEAR Days <b>no</b>	IF UNDER 1 MIN. Hours <b>no</b>	IF UNDER 1 MIN. Min. <b>no</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Denver, Oklahoma /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>William H. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Gatewood</b>		14. NAME OF HUSBAND OR WIFE <b>Ira Hoy</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ira Hoy, Hale, Mo.</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the right</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>St. Mary's Intestines</b> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>1998</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Mar 29, 1957** to **Dec 18, 1951**, that I last saw the deceased alive on **Dec 18, 1951**, and that death occurred at **2:10 pm** from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title)		23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>Dec 25/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/20/1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Coloma</b>		24d. LOCATION (City, town, or county) (State) <b>Tina, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>12/30/51</b>		REGISTRAR'S SIGNATURE <b>Mr. Herbert Calvert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford W. Austin,</b>		ADDRESS <b>Tina, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*Clifford W. Austin*

Licensed Embalmer No.

3233

P. O. Address

*Tina, Missouri*

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.