FILED FEB 16 1970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER

124 **70 0002760**

Registration District No. **234** Primary Registration District No. **3046** Registrar's No. **12**

VS 300 Rev. 1/70

4. 0681

5. 01

6. 0681

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED—NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Alice	Faimore	Wood	2. FM	3. Feb 10 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 80	5b.	5c.	6. March 15 1889	7a. Moniteau

CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. California, Mo	7c. Yes	7d. Latham Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. U.S.A.	10. Widowed	11. Deceased

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 495-01-8467D	13a. House Wife	13b. Own Home

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri	14b. Moniteau	14c. California, Mo	14d. Yes	14e. 201 S High St

FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Frank Burger-Deceased.	16. Mary Hutchison-Deceased

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Mrs E. F. Eberhart	17b. Clarksburg, Mo - 65025

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) *Carcinoma of cervix* — 1 year

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M. 20d.	

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. ☐ YES ☐ NO ☐ UPK

CERTIFICATION—PHYSICIAN:

I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO	MONTH DAY YEAR	AND LAST SAW HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.	Oct 8 1950	21b.	Feb 10 1970	21c. Feb 10 1970	21d. did	21e. 12 P M.	

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a.

HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22b. M.	

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Kenyon Latham M.D.	23b. Kenyon Latham	23c. M.D.	23d. Feb 11, 1970

MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23e.		California	Mo.	65018

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN	STATE
24a. Burial	24b. Masonic Cemetery	24c. California, Mo	

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 2/12/70	25a. Bowlin Funeral Home-100 S Oak-California, Mo-65018

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25b. Jack H Bowlin	26a. Florence H. Kiely	26b. 2/12/70

per DK

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_____   Signed_____*Jack H Bowlin*_____
<div align="center">Signature of Student Embalmer</div>

Licensed Embalmer No._*4933*_

P. O. Address_*California, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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