N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dyer
26168
212
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis
(b) Township
(c) City Sedalia
(d) Street No. Bothwell Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 668
Primary Registration District No. 3032
Registered No. 668

2. PRINT FULL NAME Mrs. Della Wright Sorrell 640
(a) Residence, No. Calhoun Benton County Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William M. Sorrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 19, 1873

7. AGE: YEARS 64 | MONTHS 7 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home maker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County Missouri 0

FATHER
13. NAME: Wess Wright 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright County Missouri 1

MOTHER
15. MAIDEN NAME: Margaret L. Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): William Sorrell Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olivet Benton County, Mo DATE: July 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Huston-Turner Windsor, Missouri

20. FILED 7-12 1938 Jean Slack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-3, 1938, to 7-10, 1938
I last saw him alive on 7-10, 1938. Death is said to have occurred on the date stated above, at 8:10 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
adeno-Carcinoma of both ovaries	2 yr
49 a	

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 7/5-38
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D P Dyer, M. D.
604 (Address) Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Elwell Huston, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Elwell Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.