

S. No. 300
M-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13538

State File No. _____

FILED APR 29 1948

3-8-79

4

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community all the life years, months or days all the life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Chamois mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3: (a) PRINT FULL NAME Stella South
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 3 minute - a.m.
21. I hereby certify that I attended the deceased from Jan 1948 to April 18th 1948
that I last saw her alive on April 12th 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband George South 6. (c) Age of husband 57 years
7. Birth date of deceased: Nov 1 1895
(Month) (Day) (Year)

Immediate cause of death Carcinoma of rectum
Duration several years

8. AGE: Years 52 Months 5 Days 11 If less than one day 3 hr. min. 0

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
H.D.

9. Birthplace Lounstown mo Rural
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

Major findings: PT. was operated on Jan. 1942 - Ca had metastasized to liver - - - Colostomy was done.
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Curtit 0
13. Birthplace Osage County mo Rural
(City, town, or county) (State or foreign country)

14. Maiden name Miss Taylor 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thos. H. Turner
(b) Address Berminston 1, Mo.

17. (a) Burial (b) Date thereof 4-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evans Cemetry Chamois, mo

18. (a) Signature of funeral director Otto T. Stocksick
(b) Address Chamois mo

19. (a) 4-19-48 (b) Esther Souder
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature E. E. Giffen D.O. (M.D. or other)
Address Chamois, mo Date signed 4/21/48

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

