

FILED JUN 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22284

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter, Missouri	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) Sylvia		b. (Middle) Bell		c. (Last) Hart		4. DATE OF DEATH (Month) (Day) (Year)		
								May 23, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 26, 1915		9. AGE (In years last birthday) 33		
								IF UNDER 1 YEAR Days 5		
								IF UNDER 4 HRS. Hours Min. 27		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Fisk, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Albert B. Hill		13b. MOTHER'S MAIDEN NAME Effie R. Shipman		14. NAME OF HUSBAND OR WIFE Earl Hart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Earl Hart	
				Dexter, Missouri	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF UTERUS</b>		INTERVAL BETWEEN ONSET AND DEATH 9 MONTHS	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		174X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 15, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. G. Havelle, M.D.</i>		23b. ADDRESS DEXTER, MO.		23c. DATE SIGNED 6/1/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-49		24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo., Rural (north)	
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DATE REC'D BY LOCAL REG. 6-6-1949		REGISTRAR'S SIGNATURE <i>Velma V. Jenkins</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Watkins Funeral Ser., Dexter, Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No.

District File Number 649-68

Date Filed 6-15-4

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Deiter 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.