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

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33267

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 976

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1632 Irving

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 0396
d. STREET ADDRESS (If rural, give location) 1632 Irving 0

3. NAME OF DECEASED (Type or Print)
a. (First) Dorothy
b. (Middle) Pauline
c. (Last) Sturdevant

4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 31 1909
9. AGE (In years last birthday) 41 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY In Home
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W. D. Blankenship
13b. MOTHER'S MAIDEN NAME Alta S. Hill
14. NAME OF HUSBAND OR WIFE ~~Wi~~ W. L. Sturdevant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME M. W. Blankenship ADDRESS Springfield

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary — INTERVAL BETWEEN ONSET AND DEATH ? 2 YRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease with mitral stenosis and aortic insufficiency. 175X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3-, 1947, *to* 11-3, 1950, *that I last saw the deceased alive on* 11-3-, 1950, *and that death occurred at* 2:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE Glenn O. Turner (Degree or title) M.D.
23b. ADDRESS Springfield, Mo
23c. DATE SIGNED 11/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 8 1950
24c. NAME OF CEMETERY OR CREMATORY EAST ~~[illegible]~~lawn Cemetery
24d. LOCATION (City, town, or county) Springfield Missouri (State)

DATE REC'D BY LOCAL REG. 11-8-50
REGISTRAR'S SIGNATURE W E Hartley MD
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS Springfield

(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, or by _____ Student Embalmer No. _____, working under my personal supervision.

Signed Max Rhodes

Signed _____
Student Embalmer

Licensed Embalmer No. 4071

P. O. ~~Address~~ Spring Field

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.