

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32534**

FILED OCT 24 1951

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

| | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>27</u> | | PRIMARY REG. DIST. NO. <u>4030</u> | | Registrar's No. <u>103</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u> | | | | | |
| b. CITY OR TOWN <u>Rockville Mo</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Rockville, Mo.</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u> | | | b. (Middle) <u>Yow</u> | | c. (Last) <u>Stevens</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 51</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u> | | 8. DATE OF BIRTH <u>July 8 - 1880</u> | | 9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Oscola, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Jobe Blesse</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Sappington</u> | | | 14. NAME OF HUSBAND OR WIFE <u>James Stevens</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Norah M. Little</u> ADDRESS <u>4816 N. E. Mo</u> | | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized abdominal carcinoma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr, 3 mo.</u> | |
| 19a. DATE OF OPERATION <u>10/20/50</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon</u> | | | | | | 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 <u>8/20</u> , 19 <u>49</u> , to <u>10/11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>51</u> , and that death occurred at <u>2:03</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>M. O. Bjerke, P.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Rockville, Mo.</u> | | | | 23c. DATE SIGNED <u>10/13/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 13 - 51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Rockville, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Oct. 13 - 1951</u> | | REGISTRAR'S SIGNATURE <u>Hendell Torrey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo.</u> | | | | | |

DEC 3 1951

RECEIVED OCT 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 23 1951

DEC 5 1951

DEC 11 1952

DEC 9 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.