

No. 3007
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35893

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 338

0 804

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia
c. LENGTH OF STAY (In this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 422 N. Moniteau

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia
d. STREET ADDRESS (If rural, give location) 422 N. Moniteau

3. NAME OF DECEASED
a. (First) Opal b. (Middle) _____ c. (Last) Valentine

4. DATE OF DEATH (Month) (Day) (Year) Nov 3, 1952

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 1, 1894 9. AGE (In years last birthday) 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 6 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 Own Home 11. BIRTHPLACE (State or foreign country) Sedalia, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Carter 13b. MOTHER'S MAIDEN NAME Ida Kidd 14. NAME OF HUSBAND OR WIFE Louis P. Valentine

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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis P. Valentine - Sedalia, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis and Pleural Effusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable Carcinomatosis of Peritoneum and Pleura
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Large Fibroid of Uterus

INTERVAL BETWEEN ONSET AND DEATH
2 mos
3-6 mos

19a. DATE OF OPERATION None 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) (Min.) _____ 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 Aug 1952, to Nov 3, 1952, that I last saw the deceased alive on Nov 3, 1952 and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE A. L. Walker (Degree or title) MD 23b. ADDRESS Sedalia Mo 23c. DATE SIGNED 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 7, 1952 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery Sedalia, Mo. 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 11/7/1952 REGISTRAR'S SIGNATURE W. J. Campbell MD 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Miss. Shepard Sedalia Mo.

25/1-0 (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

J. Price Alexander

Licensed Embalmer No. 42745

P. O. Address Sioux Falls, S.D.

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.