

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37352**BIRTH NO. **1003**
1003
FEB OCT 31 1952REG. DIST. NO. **333**PRIMARY REG. DIST. NO. **3074** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT					
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston		1003			
d. FULL NAME OF HOSPITAL OR INSTITUTION DOROTHY 402 (REAR)				d. STREET ADDRESS (If rural, give location) 402 DOROTHY (REAR)					
3. NAME OF DECEASED (Type or Print) BESSIE ORENE			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9-22-52			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 17 1902		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) BLODGETT MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME H. M. STAGNER			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE AUDREY			
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. 486-18-3287		17. INFORMANT'S SIGNATURE OR NAME Audrey Pantrell - Sikeston			ADDRESS 510		
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) metastatic carcinoma of abdomen and liver				INTERVAL BETWEEN ONSET AND DEATH 16 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of ovary				DUE TO (c)				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175 X						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 5/17 , 19 51 , to 9/22 , 19 52 , that I last saw the deceased alive on 9th am 9/22, 1952 , and that death occurred at 5th P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm. C. Citchler M.D.				23b. ADDRESS Sikeston mo		23c. DATE SIGNED Oct 3, 1952			
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 9-24-52	24c. NAME OF CEMETERY OR CREMATORY NEW MOXLEY		24d. LOCATION (City, town, or county) (State) MORLEY MO				
DATE REC'D BY LOCAL REG. 10-22-52		REGISTRAR'S SIGNATURE Mrs. Olla Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home Sikeston Mo		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 27 1952

RECEIVED

SCH 7 COUNTY HEALTH CENTER

CO. FILE NO. 1052-295

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 Raymond Lewis _____

Licensed Embalmer No. 3467 _____

P. O. Address Sikeston 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.