FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28354

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 842-C

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): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

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): 910 E. Monroe 0

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle b. (Middle) M. c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: January 6, 1887

9. AGE (In years last birthday): 66 — 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): Bookbinder

10b. KIND OF BUSINESS OR INDUSTRY: Bookbinding

11. BIRTHPLACE (State or foreign country): York County, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ronald Stevens

13b. MOTHER'S MAIDEN NAME: Nettie Long

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dennis O'Hearn — ADDRESS: Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinomatosis — 3 mo.

DUE TO (c) Cystadenoma of ovary — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 175X

19a. DATE OF OPERATION: 6-26-53

19b. MAJOR FINDINGS OF OPERATION: Peritonitis, Appendicitis Generalized carcinomatosis

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* 6-26, 1953 *to* 9-2, 1953, *that I last saw the deceased alive on* 9-2, 1953, *and that death occurred at* 11:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Michael Melarke M.D.

23b. ADDRESS: 1620 N. Jefferson

23c. DATE SIGNED: 9-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 4, 1953

24c. NAME OF CEMETERY OR CREMATORY: Maple Park

24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 9-4-53

REGISTRAR'S SIGNATURE: Faith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri

(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 L Doohn Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.