

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**34909**

State File No. \_\_\_\_\_

**FILED NOV 13 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 372

|   |  |   |  |
|---|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Adair</u>  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u> <u>0581</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>                                      |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>   |  |
| c. LENGTH OF STAY (in this place) <u>5 WKS</u>  |  | d. STREET ADDRESS (If rural, give location) <u>City</u>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>K.O.H. Hospital</u> |  |   |  |

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| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>Lillian Veronica</u> b. (Middle) <u>S</u> c. (Last) <u>Stevens</u> |  |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>11-4-53</u> |  |  |
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| <b>5. SEX</b> <u>Female</u> |  | <b>6. COLOR OR RACE</b> <u>W.</u> |  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u> |  | <b>8. DATE OF BIRTH</b> <u>55 May 1877</u> |  | <b>9. AGE</b> (in years last birthday) <u>76</u> |  | <b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>29</u> |  | <b>IF UNDER 24 HRS.</b> Hours _____ Min. _____ |  |
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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u> |  |  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hamden, Mo</u> |  |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u> |  |  |
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| <b>13a. FATHER'S NAME</b> <u>Seth McCurry</u> |  |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Catherine Smith</u> |  |  | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Frank Stevens</u> |  |  |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u> |  | <b>16. SOCIAL SECURITY NO.</b> <u>None</u> |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>KSO Hospital-Kirksville, Mo</u> |  |  |  | <b>ADDRESS</b> |  |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | <b>MEDICAL CERTIFICATION</b>  |  |  |  |  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |  |
| <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Carcinomatosis</u>  |  | <b>ANTECEDENT CAUSES</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Stomach mucosa in pylorus</u><br>DUE TO (c) <u>ARTERIOSCLEROSIS</u> |  |  |  |  |  |   |  |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u>  |  |   |  |  |  |  |  |   |  |

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| <b>19a. DATE OF OPERATION</b> <u>10-18-53</u> |  | <b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Generalized Carcinomatosis</u> |  |  |  |  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
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| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) |  |
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| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m. |  | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b> |  |
|---|--|---|--|-----------------------------------|--|

**22. I hereby certify that I attended the deceased from 10-9-53, 1953, to 11-4-53, 1953, that I last saw the deceased alive on 11-4-53, 1953, and that death occurred at 3:40 p. m., from the causes and on the date stated above.**

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| <b>23a. SIGNATURE</b> (Degree or title) <u>R. Pulmarz, D.O.</u> |  | <b>23b. ADDRESS</b> <u>Kirksville, Mo.</u> |  | <b>23c. DATE SIGNED</b> <u>11-10-53</u> |  |
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| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u> |  | <b>24b. DATE</b> <u>11-7-53</u> |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Immaculate Conception</u> |  | <b>24d. LOCATION</b> (City, town, or county) (State) <u>Hamden, Mo.</u> |  |
|--|--|---------------------------------|--|--|--|---|--|

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| <b>DATE REC'D BY LOCAL REG.</b> <u>11-12-53</u> |  | <b>REGISTRAR'S SIGNATURE</b> <u>Wate Lambert</u> |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Gas. McLaughlin</u> |  | <b>ADDRESS</b> <u>Marceline, Mo</u> |  |
|---|--|--|--|--|--|-------------------------------------|--|

(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 *George D. Turner*

Licensed Embalmer No. 4425

P. O. Address 600 E. State

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.

St. Louis, Missouri