

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22782

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5670 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olney Mo.</u>		c. CITY OR TOWN <u>Olney</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>0573</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MELLIE</u> b. (Middle) <u>PRESTON</u> c. (Last) <u>DUVEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 1 1899</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>29</u> Hours <u>1</u> Min.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Olney Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Riddle</u>		13b. MOTHER'S MAIDEN NAME <u>Sophonria Blattner</u>		14. NAME OF HUSBAND OR WIFE <u>John Downing Duvel</u>	
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. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Downing Duvel Olney 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Sigmoid Colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs 7</u>	
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19a. DATE OF OPERATION <u>4-24-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid.</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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 4-20, 1953, to June 30, 1955, that I last saw the deceased alive on 5-18, 1955, and that death occurred at 6.00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas H. Lewellen M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>7-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olney Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Olney Mo.</u>					

DATE REC'D BY LOCAL REG. <u>7-16-55</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wayne Mc Coy Troy Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 28 1955

3d

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.....
Signature of Student Embalmer

Signed *Wayne M. Boy*

Licensed Embalmer No. 358

P. O. Address *Troy, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.