

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18214

STATE FILE NUMBER

FILED JUN 4 1957

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If in institution, Residence before admission) a. STATE MO. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Louisiana Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Pike Co Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm 87 Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DOBA Middle - Last WEBER		4. DATE OF DEATH Month MAY Day 26 Year 1957	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 30, 1899
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 4 Days 24 Hours 0 Min.	IF UNDER 24 HRS.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		100. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME JERGER ANDERSON	
14. MOTHER'S MAIDEN NAME DORIS MARTENSEN		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. -		17. INFORMANT Carrol J. Weber Bowling Green, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) In-Operable Carcinoma of descending colon			INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Colostomy 3-13-57			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -----		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20f. CITY, TOWN, OR LOCATION -----		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION -----	
21. I attended the deceased from 3/8/57 to 5/26/57 and last saw her her alive on 5/26/57 Death occurred at 3:15 P on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 5/28/57	
22a. SIGNATURE (Degree or title) Chas H. Lewellen M.D.		22b. ADDRESS Louisiana, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 29, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Peters P.	23d. LOCATION (City, town or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Grace Bankhead		25. DATE RECD. BY LOCAL REG. May 28, 1957	26. REGISTRAR'S SIGNATURE Berniece Callier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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64
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be listed. All

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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 *Harold Kirk*.....

Licensed Embalmer No. *45*

P. O. Address *Bowling*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.