

Health, Welfare, Public Service
 300
 1-56
 ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28843
 STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5816 Registrar's No. 17

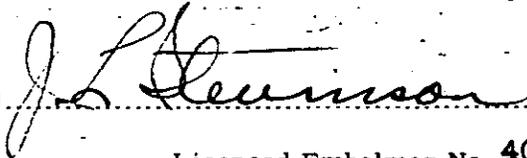
| | | | | | |
|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Morgan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Richland Twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles north Florence Syrs. | | | Length of stay in 1b | | d. STREET (If outside, give location) 3 miles north Florence |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Olivia Last Bevington | | | 4. DATE OF DEATH Month Aug. Day 25 Year 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 15, 1911 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months 7 Days 10 IF UNDER 24 HRS. Hours 10 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Fremont County Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Hawas Yates | | | 14. MOTHER'S MAIDEN NAME Mary Utterback | | |
| 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. none | 17. INFORMANT Tom Bevington Address Florence, 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) Carcinoma Ovary & metastasis to liver | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | |
| 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 | | STATE |
| 21. I attended the deceased (from July 57 to 25 Aug 57 and last saw her alive on 25 Aug 57) Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE P. Siegel MD (Degree or title) | | | 22b. ADDRESS Smithton Mo | | 22c. DATE SIGNED 8/26/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Aug. 27, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Florence Cemetery | | 23d. LOCATION (City, town, or county) (State) Morgan County Mo. |
| 24. FUNERAL DIRECTOR J. L. Stevinson ADDRESS Howe, Mo. | | 25. DATE RECD. BY LOCAL REG. 8/30/57 | | 26. REGISTRAR'S SIGNATURE Wm L. Rippeger | |

(Licensed Embalmer's Statement on Reverse Side)

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  _____

Licensed Embalmer No. 407

P. O. Address. STOVER, M.

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.