

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32777

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stella</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Stella</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardwell Mem.</b>				Length of stay in lb		d. STREET ADDRESS <b>Rt #2</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Pearl</b> Middle <b>Louise</b> Last <b>Blevins</b>			4. DATE OF DEATH Month <b>9</b> Day <b>21</b> Year <b>1957</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>4-9-1925</b>		9. AGE (In years last birthday) <b>32</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Benton County Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Homer Stevens</b>				14. MOTHER'S MAIDEN NAME <b>Dora Mahurin</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mr. Lacey Blevins Stella, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Peritonitis</b> DUE TO (b) <b>Rupture of sigmoid Colon</b> DUE TO (c) <b>Carcinoma of Duodenum - metastasis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Dynamic obstruction &amp; perforation of sigmoid free-lung</b>							INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>175X</b>	
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 Month, Day, Year a. m. 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		COUNTY STATE		
21. I attended the deceased from <b>9-13-1957</b> to <b>9-21-1957</b> and last saw her alive on <b>9-21-57</b> Death occurred at <b>5:06</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Walter M. Jones D.O.</b>				22b. ADDRESS <b>Neosho, Mo</b>		22c. DATE SIGNED <b>9-24-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-24-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stella, Missouri</b>			
24. FUNERAL DIRECTOR <b>Floyd E. Shewmake Jr. Cranby, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>9-29-57</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Moberly</b>		

RECEIVED

District Health Officer No. Newton  
Certificate File Number 105 7/223  
Date Filed OCT 1 1957

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 Floyd E. Sewmabe

Licensed Embalmer No. 49  
Box 58  
P. O. Address Granby

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.