

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020247

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 171

FILED III 5 1961

1. PLACE OF DEATH
 a. COUNTY Adair
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 810 E. Scott Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Adair
 c. CITY OR TOWN Kirksville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 810 E. Scott Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Tessora Vivian Novinger
 4. DATE OF DEATH Month Day Year
June 28, 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3/24/1878 9. AGE (last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
 10b. KIND OF BUSINESS OR INDUSTRY Home
 11. BIRTHPLACE (City and state or country) Trenton, Mo
 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Nathan R. Tracy 13b. MOTHER'S MAIDEN NAME Margaret Jeter 14. NAME OF HUSBAND OR WIFE Martin Luther Novinger

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 Address Marjorie Redman, Kirksville, 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) Metastatic Carcinoma of Liver with jaundice
 DUE TO (b) Complete obstruction at pylorus
 DUE TO (c) Scar tissue from old ulcers
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour 7:45 Month, Day, Year 7/45 P.M.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 1955 to 6/28/61 and last saw her alive on 6/28/61
 Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. D. McEwen (Degree or title) 22b. ADDRESS Kirksville, Mo. 22c. DATE SIGNED 6-29-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/30/61 23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery 23d. LOCATION (City, town, or county) (State) Novinger Mo.

24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home, Inc Kirksville, Mo. 25. DATE RECD. BY LOCAL REG. June 29, 1961 26. REGISTRAR'S SIGNATURE Doris W. Rathoff
W.K. Gator, Pres. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

H.D. McCURE, D.O.

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 Larry Jackson, Student Embalmer No. 618
working under my personal supervision.

Student Larry Jackson
Signature of Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Kirksville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.