

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032681

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 136 STATE FILE NUMBER

FILED OCT 10 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Howe</u> | | 2. USUAL RESIDENCE (Where deceased lived, or institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howe</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u> | | c. CITY OR TOWN <u>West Plains</u> | |
| Length of stay in 1b <u>3740</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>421 Wacker</u> | | d. STREET ADDRESS (If outside, give location) <u>421 Wacker</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|---|---------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First <u>Kelare Marie</u> Middle <u>Gleed</u> Last <u>Stett</u> | | | 4. DATE OF DEATH Month <u>9</u> Day <u>17</u> Year <u>1961</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-1-81</u> | 9. AGE (last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | 11. BIRTHPLACE (City and state or country) <u>West Plains, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |

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| 13a. FATHER'S NAME <u>Henry Deering</u> | 13b. MOTHER'S MAIDEN NAME <u>?</u> | 14. NAME OF HUSBAND OR WIFE <u>Walter Stett</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give year or dates of service) | | 16. SOCIAL SECURITY NO. <u>420</u> |
| | | 17. INFORMANT <u>Walter Stett</u> Address <u>West Plains, Mo</u> |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH <u>about 6 mo.</u> |
| IMMEDIATE CAUSE (a) <u>Primary carcinoma of pancreas with multiple metastasis to liver</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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. _____ p.m. Month, Day, Year _____ | | | |

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| 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 <u>West Plains, Missouri</u> | STATE <u>MO</u> |
| 21. I attended the deceased from <u>6/12/61</u> to <u>7/17/61</u> and last saw her <u>alive</u> on <u>7/16/61</u> Death occurred at <u>4:25 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE <u>A. Callahan</u> (Degree or title) | 22b. ADDRESS <u>M. D. West Plains, Missouri</u> | 22c. DATE SIGNED <u>7-25-61</u> |
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| 23a. BURIAL OR CREMATION, METHOD (Specify) <u>11-61</u> | 23b. DATE <u>11-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u> | 23d. LOCATION (City, town or county) <u>West Plains, Mo</u> |
| 24. FUNERAL DIRECTOR <u>Katherine West Plains</u> ADDRESS <u>Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>10-4-61</u> | 26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | |

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ.

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 *D. S. Roberts*

Licensed Embalmer No. 3437

P. O. Address *West Plains*

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.