

S. No. 300  
v. 10.48

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38482  
Registrar's No. 286

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Moberly</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison 06-90</u>  |  |
| c. LENGTH OF STAY (in this place) _____  |   | d. STREET ADDRESS (If rural, give location) _____  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>   |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Bessie</u> b. (Middle) <u>Layne</u> c. (Last) <u>Van Buren</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1951</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>7/10/1911</u>  |
| 9. AGE (In years last birthday) <u>40</u>  | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 24 HRS. Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>  | 11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri, U.S.A.</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |
| 13a. FATHER'S NAME <u>Alva Carpenter</u>   | 13b. MOTHER'S MAIDEN NAME <u>Pearle Riley</u>   | 14. NAME OF HUSBAND OR WIFE <u>Paul Van Buren</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  | 16. SOCIAL SECURITY NO. <u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Paul Van Buren</u> ADDRESS <u>Madison</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                              |   |  |  |
| MEDICAL CERTIFICATION  |   |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary</u>   |   | INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>   |  |
| ANTECEDENT CAUSES <u>Melanocarcinoma - generalized</u>   |   |  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(Independent - lesions)</u>  |   |  |  |
| DUE TO (b) _____   |   |  |  |
| DUE TO (c) _____   |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>1998</u>  |   |  |  |
| 19a. DATE OF OPERATION <u>Oct 3 - 1950</u>   | 19b. MAJOR TYPES OF OPERATION <u>metastatic melanocarcinoma of ovary - Bilateral o. ovary - panhysterectomy</u> |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Madison</u>   | (STATE) _____  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>          | 21f. HOW DID INJURY OCCUR? _____   |  |
| 22. I hereby certify that I attended the deceased from <u>June 2, 1950</u> , to <u>Dec 2, 1951</u> , that I last saw the deceased alive on <u>Dec 2, 1951</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE <u>Edward E. Moore</u> (Degree or title) _____  |   | 23b. ADDRESS <u>Moberly Mo</u>   | 23c. DATE SIGNED <u>12-4-51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  | 24b. DATE <u>Dec 4, 1951</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>French Hill</u>  | 24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>                  |
| DATE REC'D BY LOCAL REG. <u>12/4/51</u>  | REGISTRAR'S SIGNATURE <u>Paul Van Buren</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Komforn</u> ADDRESS <u>Madison</u>   |  |

883

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 10 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-22  
Date Filed: DEC 11 1951

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 .....  
Student Embalmer

Signed *Mrs Fred A. Kemper*

Licensed Embalmer No. *3282*

P. O. Address *Madison, Mo*

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 this body is not embalmed, fact should be so stated above.