

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **32590**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 299			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		a. STATE Missouri		b. COUNTY Pettis			
c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN La Monte		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				e. STREET ADDRESS (If rural, give location) R.F.D #1		0800 1			
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) Nancy Omelia			b. (Middle) Rehmer			c. (Last) Stevenson			
(Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1953						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 20-1896			
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Pettis Co. Mo			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Festus M. Shaw			13b. MOTHER'S MAIDEN NAME Mary Eliza Kabler			14. NAME OF HUSBAND OR WIFE Burton Stevenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NUMBER (If yes, give year or dates of service) 491-32-2915		17. INFORMANT'S SIGNATURE OR NAME Edward Rehmer		ADDRESS Sedalia			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION					
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
				DUE TO (b) Carcinoma Lung				weeks	
				DUE TO (c) Carcinoma Breast				months	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Breast (metastatic)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		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 Aug 18, 1953 to Sept 14, 1953 and that I last saw the deceased alive on Sept 28, 1953 and that death occurred at 1 a.m. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. J. Campbell, M.D.				23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 10-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-53		24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens		24d. LOCATION (City, town, or county) (State) Sedalia, Mo			
DATE REC'D BY LOCAL REG. 10-2-53		REGISTRAR'S SIGNATURE A. J. Campbell, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros		ADDRESS Sedalia			

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

251-1 (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 *James R. Ashen*.....

Licensed Embalmer No. *493*.....

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