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FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37474
State File No.

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4219 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: MARIES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belle
c. LENGTH OF STAY (in this place): 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: MARIES
c. CITY OR TOWN: Belle
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0630

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): W.
c. (Last): Southard

4. DATE OF DEATH (Month) (Day) (Year): Nov 27 - 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12 - 1900
9. AGE (In years last birthday): 55 | 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): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: T. P. Woodruff
13b. MOTHER'S MAIDEN NAME: Talitha Melton
14. NAME OF HUSBAND OR WIFE: Parm Southard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-26-7344
17. INFORMANT'S SIGNATURE OR NAME: Parm Southard
ADDRESS: Belle - Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Primary carcinoma of pancreas — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 157X

19a. DATE OF OPERATION: Sept 30, 1955
19b. MAJOR FINDINGS OF OPERATION: Metastatic nodule in left neck, primary pancreas
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1952, *to* Nov. 27, 1955, *that I last saw the deceased alive on* Nov 26, 1955, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. Y. Kozal M.D. (Degree or title)
23b. ADDRESS: Belle. Mo.
23c. DATE SIGNED: 12-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-29-55
24c. NAME OF CEMETERY OR CREMATORY: Highgate Cemetery
24d. LOCATION (City, town, or county) (State): Maries County - Mo.

DATE REC'D BY LOCAL REG.: 12-3-55
REGISTRAR'S SIGNATURE: Pauline Howard
25. FUNERAL DIRECTOR'S SIGNATURE: Sassmann's Funeral Service
ADDRESS: Belle - Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester Sassman

Licensed Embalmer No. 41

P. O. Address Bland

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.