pt. Health,
., & Welfare
S. Public
lth Service
272
. S. 300 4
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028624
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Cooper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Boonville 0272 — Inside Limits Yes [X] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Haqs Nursing Home — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1121 Eleventh St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mattie Middle Last Debo

4. DATE OF DEATH Month August Day 27, Year 1958

5. SEX F

6. COLOR OR RACE W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH November 25, 1866

9. AGE (In years last birthday) 91 — 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) Home work

10b. KIND OF BUSINESS OR INDUSTRY owne home

11. BIRTHPLACE (City and state or country) Cooper County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Reed Perry Debo

13b. MOTHER'S MAIDEN NAME Mary Jane Hepstonstall

14. NAME OF HUSBAND OR WIFE ----------

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. ---------

17. INFORMANT Grover Debo Address Boonville, Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____

DUE TO (c) ____ 151 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastases to liver and peritoneum

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year

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 June 1956, to Aug. 27, 1958 and last saw her/him alive on Aug. 26, 1958. Death occurred at 7:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Reeva Ravenswood MD

22b. ADDRESS Boonville, Missouri

22c. DATE SIGNED Aug. 29 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 30, 1958

23c. NAME OF CEMETERY OR CREMATORY Walnut Grove

23d. LOCATION (City, town, or county) (State) Boonville, Mo.

24. FUNERAL DIRECTOR ADDRESS Goodman & Boller Boonville, Mo.

25. DATE RECD. BY LOCAL REG. 8/30/58

26. REGISTRAR'S SIGNATURE DD Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ..... Signed William N. Wood
Signature of Student Embalmer

Licensed Embalmer No. 4539
P. O. Address Bowville, Me

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.