

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60=022665**

**FILED VS JUL 11 1960**

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 233

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>7 weeks</b>		c. CITY OR TOWN <b>Versailles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Boston &amp; Richardson Sts.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Dora</b> Middle <b>-</b> Last <b>Papen</b>				4. DATE OF DEATH Month <b>June</b> Day <b>18</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-4-1909</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>14</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>Moniteau County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Lloyd Hodges</b>			13b. MOTHER'S MAIDEN NAME <b>Gusta Bowles</b>			14. NAME OF HUSBAND OR WIFE <b>Oscar C. Papen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>490-09-6692</b>		17. INFORMANT Address <b>Oscar C. Papen Versailles, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mammary carcinomatosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>11 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)				
			DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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	
19. WAS AUTOPSY PERFORMED? YES <input 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 <b></b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b></b>						
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		COUNTY	STATE
21. I attended the deceased from <b>6-30-52</b> to <b>6-18-60</b> and last saw her alive on <b>6-18-60</b> Death occurred at <b>11.45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <b>Ernest P. Supabaka M.D.</b>				23. ADDRESS <b>Jefferson City, Missouri</b>			22c. DATE SIGNED <b>6-28-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 21, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>		23d. LOCATION (City, town, or county) <b>Versailles, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Scrivner &amp; Stevinson F. Home Versailles, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>29 June 1960</b> <b>7 July 1960 corr.</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Davis, MD - Richter Dep</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 11 1960

SEP 12 1960

JUL 13 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. H. Stevenson

Licensed Embalmer No. 707

P. O. Address Stoner

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.