

XC 199 FILED MAR 21 1958
RN 15847

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 258

300
-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Burfordville, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 34 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle LOY Last DEVORE			4. DATE OF DEATH Month March Day 6 Year 1958
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/20/96
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) 0 Laflin, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 11 Days 16 IF UNDER 24 HRS. Hours 0 Min. 0	
13a. FATHER'S NAME WASH DEVORE		13b. MOTHER'S MAIDEN NAME SARAH LESSLEY	
14. NAME OF HUSBAND OR WIFE LOUVA DEVORE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT VA Hospital Records	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the stomach with widespread metastases.			INTERVAL BETWEEN ONSET AND DEATH Approx. 1 yr.
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) Deviation of the nasal septum. Degenerative joint disease.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
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 VA		COUNTY _____ STATE _____	
21. I attended the deceased from January 31, 1958 to March 6, 1958 Death occurred by 10:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. W. GASKINS, M.D. Chf. Surg. Sv.		22b. ADDRESS VAH, Poplar Bluff, Mo.	
22c. DATE SIGNED 3/7/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/ 8/58	
23c. NAME OF CEMETERY OR CREMATORY Bokinger Co Memorial		23d. LOCATION (City, town, or county) (State) parkinger near Co Memorial Park, Eutawville, Mo.	
24. FUNERAL DIRECTOR Baker Funeral Home Eutawville		25. DATE RECD. BY LOCAL REG. 3/15/58	
ADDRESS		26. REGISTRAR'S SIGNATURE Brunette	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Melvin Bluffman

Licensed Embalmer No.

3962

P.O. Address.....

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.