

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035198

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 336

Primary Registration District No. 1021-4493

Registrar's No. 466

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Shannon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Shannon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Birch Tree</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Birch Tree</i> <i>1010</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Gosnell Home</i>	Length of stay in lb <i>months</i>	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 <i>Alleyne</i> Middle <i>Beatrice</i> Last <i>Caven</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>20</i> Year <i>1958</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 24, 1913</i>		9. AGE (In years last birthday) <i>45</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Mountain View, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Arthur B. Christian</i>		13b. MOTHER'S MAIDEN NAME <i>Florence Smotherman</i>		14. NAME OF HUSBAND OR WIFE <i>Divorced</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>yes</i>	17. INFORMANT <i>Juanita Gosnell, Birch Tree, Mo.</i>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>PAPILLARY ADENOCARCINOMA RIGHT OVARY</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 YEAR</i>
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)		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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <i>5-23-58</i> , to <i>9-20-58</i> and last saw her alive on <i>9-12-58</i> Death occurred at <i>6 hrs.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Dr. J. J. [Signature]</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>MTN. VIEW, MO</i>	22c. DATE SIGNED <i>9-23-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>9/22/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	23d. LOCATION (City, town, or country) (State) <i>Birch Tree, Missouri</i>
24. FUNERAL DIRECTOR <i>Duncan Funeral Home Mtn View, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 29, 58</i>	26. REGISTRAR'S SIGNATURE <i>Noble [Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Joe R. Duncan*

Licensed Embalmer No. *4325*
P. O. Address *Mt. View, 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. .