

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
FILED FEB 15 1949 STANDARD CERTIFICATE OF DEATH

State File No. 797

BIRTH NO. 49-34880 REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 4178 Registrar's No. 1

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lunklin</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>Lunklin</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halecomb</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PEACH ORCHARD, Mo.</u>                                     |  |
| c. LENGTH OF STAY (In this place) <u>8 hrs</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Rural, 2 Mi. S.E.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cochran Hospital</u>                              |  |  |  |

|  |                         |                        |                       |  |
|--|-------------------------|------------------------|-----------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>HUENA</u> | b. (Middle) <u>Jo.</u> | c. (Last) <u>Lott</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year) |
|  |                         |                        |                       | <u>1-6-1949</u>                          |

|                      |                               |  |                                      |                                 |                  |                                     |                                     |                                     |                                     |
|----------------------|-------------------------------|--|--------------------------------------|---------------------------------|------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>MAY 16, 1948</u> | 9. AGE (In years last birthday) | 10. UNDER 1 YEAR | 11. UNDER 1 MONTH                   | 12. UNDER 1 DAY                     | 13. UNDER 1 HOUR                    | 14. UNDER 1 MIN.                    |
|                      |                               | <u>never married</u>                                   |                                      | <u>7</u>                        | <u>20</u>        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u> | 11. BIRTHPLACE (State or foreign country) <u>Gideon, Mo., U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|--|--|--|

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|--|--|--|
| 13a. FATHER'S NAME <u>Herbert Lott</u> | 13b. MOTHER'S MAIDEN NAME <u>Reba Bell</u> | 14. NAME OF HUSBAND OR WIFE <u>never married</u> |
|--|--|--|

|  |                                     |   |                                  |
|--|-------------------------------------|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>R A Bell</u> | 18. ADDRESS <u>Chariton, Mo.</u> |
|--|-------------------------------------|---|----------------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 1/2 hours</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>acute case</u><br>DUE TO (c) <u>-</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>49V</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

|  |  |   |
|--|--|---|
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>2</u> |
|---|--|-------------------------------------|

22. I hereby certify that I attended the deceased from Jan 6, 1949, to Jan 6, 1949, that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 8:30 p.m. from the causes and on the date stated above.

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 23a. SIGNATURE <u>W E Cochran</u> (Degree or title) | 23b. ADDRESS <u>Halecomb Mo</u> | 23c. DATE SIGNED <u>1/7/49</u> |
|---|---------------------------------|--------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-8-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Starfield</u> | 24d. LOCATION (City, town, or county) (State) <u>near Harton, Mo.</u> |
|---|---------------------------|---|---|

|  |   |  |         |
|--|---|--|---------|
| DATE REC'D BY LOCAL REG. <u>Feb. 3, 1949</u> | REGISTRAR'S SIGNATURE <u>J. C. Anderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lowell Kusnell</u> | ADDRESS |
|--|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office

District File Number 249

Date Filed 2-7

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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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.