

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7298

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2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mexico</u> b. COUNTY <u>Audrain</u>	
b. CITY OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>07-23-49</u>		d. STREET ADDRESS (If rural, give location) <u>508 E. Lafayette St. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Lue</u> c. (Last) <u>Lue</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 5</u>	8. DATE OF BIRTH <u>Mar 29-1894</u>
9. AGE (In years last birthday) <u>64</u>	10. MONTHS <u>11</u>	11. BIRTHPLACE (State or foreign country) <u>Florida, Mo. Monroe Co. USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Florida, Mo. Monroe Co. USA</u>	
13a. FATHER'S NAME <u>Dick Powers</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Richie</u>	14. NAME OF HUSBAND OR WIFE <u>Harve Lue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Earl Lue - Son, 613 E. Ladd St, Mexico, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 31</u> , 19 <u>48</u> , to <u>Mar 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 7</u> , 19 <u>49</u> , and that death occurred at <u>4:5 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>N. J. Gorton, M.D. 0</u>		23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>3-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Audrain-co, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 9-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely 9 0</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Jackson-Parker Funeral Home 202 So. Walnut St</u>	

RECEIVED

District Health Officer No. 10

District File Number 3-49-49

Date Filed MAR-16-1949

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed Stuart J. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.