

FILED MAR 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11180

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52

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

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 3074	Registrar's No. 37
1. PLACE OF DEATH a. COUNTY <i>Scott</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Dikeston</i>	c. LENGTH OF STAY (In this place) <i>15 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Dikeston</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence 710 Moore</i>		d. STREET ADDRESS (If rural, give location) <i>710 Moore</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>LUCY</i> b. (Middle) <i>HAZEL</i> c. (Last) <i>GOLLADAY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 14 1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 9 1903</i>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <i>45 8 5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>East Prairie Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>R. C. Combs</i>		13b. MOTHER'S MAIDEN NAME <i>Janie Phelps</i>		14. NAME OF HUSBAND OR WIFE <i>Coleman Golladay</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Coleman Golladay, Dikeston Mo.</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma - metastatic</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Primary focus probably uterus.</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1711X</i>		
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 <i>6-1</i> , 19 <i>48</i> , to <i>2-14</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>2-14</i> , 19 <i>49</i> , and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>E. D. Urban</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Dikeston, Mo.</i>
23c. DATE SIGNED <i>MOB-8-49</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 16 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>W. O. W. Cemetery</i>
				24d. LOCATION (City, town, or county) (State) <i>East Prairie Mo.</i>
DATE REC'D BY LOCAL REG. <i>March 14 1949</i>		REGISTRAR'S SIGNATURE <i>Mr. P. F. Henry</i>		303
		25. FUNERAL DIRECTOR'S SIGNATURE <i>Travis Shelby</i>		ADDRESS <i>East Prairie</i>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 349-393

Date Filed 3-16-48

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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.

Signed \_\_\_\_\_

*Travis Shelby*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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 this body is not embalmed, fact should be so stated above.