

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11322  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>266</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington Rural Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Potosi</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Near Bismark</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lura</u> b. (Middle) <u>W.</u> c. (Last) <u>Hartley</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 23 1895</u>	
9. AGE (in years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Frank McEwen</u>			13b. MOTHER'S MAIDEN NAME <u>Haley Wade</u>			14. NAME OF HUSBAND OR WIFE <u>Howard Hartley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Hartley Bismark Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of The Lungs</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Carcinoma of The Right Ovary</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <u>1/17/49</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>5 months</u> <u>5 months</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) (m.)		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>March 14</u> , 19 <u>49</u> , to <u>March 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 20</u> , 19 <u>49</u> , and that death occurred at <u>6:20 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Hamilton Lake, M.D.</u>			23b. ADDRESS <u>Box 187 Potosi Missouri</u>			23c. DATE SIGNED <u>March 22, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>		
DATE REC'D BY LOCAL REG <u>March 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Helen Kendall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks</u>			
		REGISTRAR'S ADDRESS <u>463 M.F.O.</u>		FUNERAL DIRECTOR'S ADDRESS <u>Potosi Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

11000

RECEIVED

Health Officer No. 4  
File Number 249-4  
3-29-

APR 7 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Murphy L. Parks

Signed .....  
Student Embalmer

Licensed Embalmer No. 4286

P. O. Address Flat River, 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.