FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16700

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buffalo Twp.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Miles S.E. of Stover

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buffalo Twp N.
d. STREET ADDRESS (If rural, give location): 15 Miles S.E. of Stover, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): ELIZABETH
c. (Last): LAUTHAN

4. DATE OF DEATH (Month) (Day) (Year): May 28 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 8, 1920
9. AGE (In years last birthday): 29 — If under 1 year: Months 4, Days 20 — If under 24 hrs.: Hours 0, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Morgan County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tom McCullon
13b. MOTHER'S MAIDEN NAME: Jessie Duffer
14. NAME OF HUSBAND OR WIFE: G.G. Lauthan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Tom McCullon — ADDRESS: Stover, Mo.

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): Cancer of uterus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, and I last saw the deceased alive on _____, 19__, and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Birch L. Medicus Coroner
23b. ADDRESS: Versailles Mo
23c. DATE SIGNED: 5-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 49
24c. NAME OF CEMETERY OR CREMATORY: Versailles Cemetery
24d. LOCATION (City, town, or county) (State): Versailles, Missouri.

DATE REC'D BY LOCAL REG.: May 31st 1949
REGISTRAR'S SIGNATURE: Wm L Ripperger 2120
25. FUNERAL DIRECTOR'S SIGNATURE: J. L. Stevinson — ADDRESS: Stover, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 5-49-6
Date Filed 5-6-49

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.