FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20138

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 4-2-80 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaRussell R.R.
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stotts City
d. STREET ADDRESS (If rural, give location): LaRussell R.R.

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) Ellen c. (Last) Wooten

4. DATE OF DEATH (Month) (Day) (Year): April 22 49

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 5-10-1884

9. AGE (In years last birthday): 65 Months: — Days: 18 If under 1 year: Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Mo Lawrence Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W. P. Langston

13b. MOTHER'S MAIDEN NAME: Francis Porter

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nina Foust ADDRESS: LaRussell 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) Carcinoma rt breast — INTERVAL BETWEEN ONSET AND DEATH: approx 3 yr

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____ — 176X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hydrothorax, rt Pulmonary Metastasis — 1 yr

19a. DATE OF OPERATION: July 1948

19b. MAJOR FINDINGS OF OPERATION: Removal primary tumor for section

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?: —

22. *I hereby certify that I attended the deceased from* June, 1948, *to* 4/22, 1949, *that I last saw the deceased alive on* 4/21, 1949, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. J. Graves M.D.

23b. ADDRESS: Mt Vernon, Mo.

23c. DATE SIGNED: 4/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-24-49

24c. NAME OF CEMETERY OR CREMATORY: Goss

24d. LOCATION (City, town, or county) (State): So. Phelps Mo.

DATE REC'D BY LOCAL REG.: 6-12-49

REGISTRAR'S SIGNATURE: W. S. Bussey

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Moore-Turner Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 649-70 S
Date Filed 6-20-49

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.

Signed G. R. Lemon

Signed .....
Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Milan Mo.

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.