

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27749

State File No.

 BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, POIK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAWSON, RURAL, POIK TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile Northwest of Lawson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIET</u> b. (Middle) <u>LENORE</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 3 1889</u>
9. AGE (In years last birthday) <u>60</u> Months <u>1</u> Days <u>28</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lawson Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. S. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Green</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. S. Smith</u> ADDRESS <u>Lawson 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of Both Breasts</u> DUE TO (c) <u>Ca of One removed</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hysterectomy 1944</u> <u>Left Breast removed 24 6 1948</u> <u>Left Breast removed 24 6 1948</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) <u>Lawson Ray Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Aug 1 1949</u> , to <u>Aug 1 1949</u> , that I last saw the deceased alive on <u>Aug 1 1949</u> , and that death occurred at <u>2:10 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Det. G. Bucher M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>	
23c. DATE SIGNED <u>Aug 2, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 3 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>	
24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>364 Mrs. Raymond Home Jarman-Richard</u> ADDRESS <u>Lawson, Mo</u>	
DATE REC'D BY LOCAL REG <u>Aug 2, 1949</u>		REGISTRAR'S SIGNATURE	

RECEIVED **AUG 8**
District Health Officer No. 8,

District File Number _____

Date Filed 8-12-49

MAY 31 1958

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 _____

Albert E. White

Signed _____
Student Embalmer

Licensed Embalmer No. 4168

P. O. Address Levelock Spring

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.