

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2130

BIRTH NO. _____		REG. DIST. NO. <u>284</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Moberly Mo</u>		c. LENGTH OF STAY (in this place) <u>0810</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higbee Mo (Moniteau)</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>Lydia Henrietta</u> (Type or Print)			b. (Middle) <u>Kantz</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb I 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 20 1877</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Berger Mo</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Edward Witthouse</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Kallmeyer</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Kantz</u>		ADDRESS <u>Higbee Mo</u>			
19. 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, asthma, 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 lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> 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 <u>2 mo</u> <u>4 years</u> <u>190X</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>Jan 25, 1950</u> to <u>Feb 1, 1950</u> , that I last saw the deceased alive on <u>Feb 1, 1950</u> and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles C. Chris. M.D.</u>				23b. ADDRESS <u>204 1/2 N. 4th St. Moberly Mo</u>		23c. DATE SIGNED <u>Feb 3 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chamois</u>		24d. LOCATION (City, town, or county) (State) <u>Chamois Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-4-50</u>		REGISTRAR'S SIGNATURE <u>Leah Belliveau</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>		ADDRESS <u>Higbee Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 7 1950
District Health Officer No. 1
District File Number 230-2
Date Filed FEB 7 1950

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 Ed W. Remont

Licensed Embalmer No. 3978

P. O. Address Glasgow Me

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.