No. 300
10-48

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24133

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 10

700

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

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 West Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville 17 50
d. STREET ADDRESS (If rural, give location): 207 E. Hudson Street

3. NAME OF DECEASED (Type or Print)
a. (First): DAISY
b. (Middle): LILLIAN
c. (Last): WHITING

4. DATE OF DEATH (Month) (Day) (Year): July 25 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 24 1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 3, Days 1 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: George Carpenter
13b. MOTHER'S MAIDEN NAME: Annie Lovelorn
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Robert Saak Wellsville 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 of Right — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): lung. Fracture of Right
DUE TO (c): arm. — 16.3 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fracture and home
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wellsville - Montgomery Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 24, 1950 11 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Sliped one bed and fracture arm.

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* July 25, 1950, *that I last saw the deceased alive on* July 25, 1950, *and that death occurred at* 10.30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Walls Do.
23b. ADDRESS: Wellsville
23c. DATE SIGNED: 7/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/50
24c. NAME OF CEMETERY OR CREMATORY: Wellsville City Cem.
24d. LOCATION (City, town, or county) (State): Wellsville, Missouri

DATE REC'D BY LOCAL REG.: 7/27/50
REGISTRAR'S SIGNATURE: W. S. Romans Jr. 425
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: N B Wells Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 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~~ self

Student Embalmer No.

working under my personal supervision.

Signed F. B. Wells

Signed .....
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.