S. No. 300
v. 10.48

0810

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

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27798

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: PHELPS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MILLER
c. LENGTH OF STAY (in this place): 3 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PHELPS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JAMES 0811
d. STREET ADDRESS (If rural, give location): NONE 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALMA
b. (Middle): LENORA
c. (Last): WEBER

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 23 1950

5. SEX: FE.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-12-1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN C. JONES
13b. MOTHER'S MAIDEN NAME: LYDIA GIBLER
14. NAME OF HUSBAND OR WIFE: JACK WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS. G. A. DABBLEMONT — ADDRESS: ROLLA 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): Metastatic Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastasis of Melano-Carcinoma of Rectum & Vagina — 8-12 mos.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 154X

19a. DATE OF OPERATION: 5/11/50
19b. MAJOR FINDINGS OF OPERATION: Melano Carcinoma of Rectum & Vagina
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* 5-29, 1950, *to* 8-23, 1950, *that I last saw the deceased alive on* 8-27, 1950, *and that death occurred at* 1.05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W M Cottingham DO.
23b. ADDRESS: Rolla Mo
23c. DATE SIGNED: 8/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-25-50
24c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
24d. LOCATION (City, town, or county) (State): Rolla Mo

DATE REC'D BY LOCAL REG.: 8-24-50
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE: Null & Sons — ADDRESS: Rolla Mo

(Licensed Embalmer's Statement on Reverse Side) La Vega E Brown

RECEIVED 8-29-50
Phelps County Health Officer,

County File Number _____

Date Filed 8-29-50

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 Lavegn E. Brown

Licensed Embalmer No. 4794

P. O. Address Rolla 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.