

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1950

No. 300
10.48

550

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon R.R.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon	
c. LENGTH OF STAY (in this place) Native		d. STREET ADDRESS (If rural, give location) R.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) Bell c. (Last) Cagle			4. DATE OF DEATH (Month) (Day) (Year) 11 - 2 - 1950		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-17-1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 9	
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) Des Moines Iowa	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME James Taunton		13b. MOTHER'S MAIDEN NAME Mary Ann Ayers		14. NAME OF HUSBAND OR WIFE Wm. Cagle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) L		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm. Cagle ADDRESS Mt. Vernon 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension - Nephritis		10 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		593X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Oct 1940, to 11/2, 1950, that I last saw the deceased alive on 11/1, 1950, and that death occurred at 11:30p.m., from the causes and on the date stated above.

22a. SIGNATURE Berneth Glover M.D. (Degree or title)		22b. ADDRESS Mt. Vernon, Mo		22c. DATE SIGNED 11/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-1950		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove S. of Miller Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE REC'D BY LOCAL REG. 11-21-50		REGISTRAR'S SIGNATURE Cecil Hendrick		411 Morris - Keiman Miller Mo.	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 22 1950

Dist. File 1150-2321

Date Filed 11-27-50

NOV 29 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 E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Millen 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.