

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NEW MADRID</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEILA</u> b. (Middle) <u>ERON</u> c. (Last) <u>LANCASTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-20-1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT-10-1912</u>
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE FACTORY</u>	11. BIRTHPLACE (State or foreign country) <u>ORENTH MISS</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>C. H. LANCASTER</u>	13b. MOTHER'S MAIDEN NAME <u>ALMA RIDER</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 year or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>491-18-4374</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. H. LANCASTER, NEW MADRID, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 Mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to liver &amp; brain</u>		
	DUE TO (c)		
	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 <input checked="" 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) 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 Feb 15, 1950, to 20-Nov., 1950, that I last saw the deceased alive on 20-Nov., 1950, and that death occurred at 11:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Shroyer, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Shelton, Mo</u>	23c. DATE SIGNED <u>27 Nov 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>	24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO</u>

DATE REC'D BY LOCAL REG. <u>11-29-50</u>	REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards UND'T.</u>	ADDRESS <u>NEW MADRID, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720

1170

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. 7

No. ....

**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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

..... Student Embalmer No. ....

Signed *L. H. Hedges*.....

Licensed Embalmer No. *3803*.....

P. O. Address *New Madrid, 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.