

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12930

State File No. ....

FILED APR 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5375 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>95th and Blue Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>95th and Blue Ridge</u>		e. STREET ADDRESS (If rural, give location) <u>95th and Blue Ridge</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Lee</u> c. (Last) <u>Foree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1951</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>Nov. 11, 1873</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>K. C., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>L. W. Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Corder</u>		14. NAME OF HUSBAND OR WIFE <u>Olive St. Clair Foree</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Foree, Hickman Mills, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonias</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cancer of Colon</u> <u>Discovered by operation</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>153x.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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19a. DATE OF OPERATION <u>Jan 1-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon (Research Hospital Kansas City Mo)</u>		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 April 15, 1951 to April 18, 1951, that I last saw the deceased alive on April 17, 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Annie E. Hodges</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Hickman Mills Mo.</u>		23c. DATE SIGNED <u>4/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palestine</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Co., Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George and Sons, Grandview,</u>			
DATE REC'D. BY LOCAL REG. <u>4/20/51</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie E. Hodges</u>		136	

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

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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.

Student Embalmer No.....

Signed.....

*A. H. George*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*36451*

P. O. Address.....

*Grandview 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.