

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13156**

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 4275		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print), Lucinda Catherine McFall			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 11, 1865	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Hours 0			
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) Lawrence Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henderson Moore			13b. MOTHER'S MAIDEN NAME Rachel Bonham			14. NAME OF HUSBAND OR WIFE James K. McFall	
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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Leffingwell, Marionville Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcerative Colitis				INTERVAL BETWEEN ONSET AND DEATH 4 yrs +	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Primary Anemia		?	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 5722			
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 2-27 , 19 50 , to 4-11 , 19 51 , that I last saw the deceased alive on April 11 , 19 51 , and that death occurred at 8:00p. m., from the causes and on the date stated above.							
23a. SIGNATURE R. Brown				23b. ADDRESS Aurora Mo.		23c. DATE SIGNED 4/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 13/51		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Mo.	
DATE REC'D BY LOCAL REG. Apr 19-51		REGISTRAR'S SIGNATURE Ora Mc Nett		25. FUNERAL DIRECTOR'S SIGNATURE J. Burridge - Marionville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

5550
1-Continued

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 17 1931

Dist. File 457-825

Date Filed 4-28-31

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 Herman Hurridge

Licensed Embalmer No. 3072

P. O. Address Marionville, 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.