

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22673**

FILED JUL 17 1951

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Stanberry rural cooper		c. CITY (If outside corporate limits, write RURAL and give township) S W of Stanberry Rural	
c. LENGTH OF STAY (In this place) lifetime		d. STREET ADDRESS (If not in hospital or institution, give street address or location) S. W. of Stanberry 2 miles	
d. FULL NAME OF HOSPITAL OR INSTITUTION S w of Stanberry 2 miles			
3. NAME OF DECEASED (Type or Print) Mrs. Lucy Anna		b. (Middle) LaJole f. (Last) LaJole	
5. SEX Female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 14 1899	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Gentry County Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Wm. A. Handley		13b. MOTHER'S MAIDEN NAME Mary Ann Magee	
14. NAME OF HUSBAND John Francis LaJole			
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. 493-22-5720	
17. INFORMANT'S SIGNATURE OR NAME John Francis LaJole Stanberry, Mo		ADDRESS Stanberry, 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) Cancer Stomach INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 151X	
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)		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 , 19 49 , to 6-30 , 19 51 , that I last saw the deceased alive on 7-29 , 19 51 , and that death occurred at 8, 15. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Taul C. Mischler, M.D.		23b. ADDRESS Stanberry, Mo	
23c. DATE SIGNED 7/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 2 1951	
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Stanberry Gentry Mo.	
DATE REC'D BY LOCAL REG. 7-5-51		REGISTRAR'S SIGNATURE Marcelle Williams	
25. FUNERAL DIRECTOR'S SIGNATURE Leroy H. Phillips		ADDRESS Stanberry, MO	

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



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.....
Student Embalmer

Signed Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanton, MD

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.