

FILED JAN 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42194

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u> <u>02/0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline rural</u>	
c. LENGTH OF STAY (in this place) <u>7 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>Imo</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 10, 1895</u>		9. AGE (in years last birthday) <u>56</u>		10. MONTHS <u>0</u> DAYS <u>24</u> HOURS <u></u> MIN. <u></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>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry Sander</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Cora Lynn</u>		14. NAME OF HUSBAND OR WIFE <u>Kelley Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes/no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kelley Wilson, Marceline, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		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 <u>170X</u>		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) 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 Oct 26, 1951, to Dec 4, 1951, that I last saw the deceased alive on Dec 4, 1951 and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest Malme</u> (Degree or title)		23b. ADDRESS <u>115 W. 1st St. Marceline Mo.</u>		23c. DATE SIGNED <u>Dec 4, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>	
		24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Dec 5-1951</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u> <u>401-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James McLaughlin Marceline, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

2571
1

MAY 1 1958

JAN 2 1958

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 1-52-2

Date Filed:

JAN 5 1958

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

George W. Davolt

Licensed Embalmer No.

4299

P. O. Address

Marceline, 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.