

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5577

State File No. _____

FILED MAR 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5635</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Phillipsburg</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phillipsburg (Rural)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Phillipsburg Rural</u> d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u> b. (Middle) <u>Auberry</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1952</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>July 15, 1867</u>	
9. AGE (in years last birthday) <u>85</u>		10. MONTHS <u>6</u>		11. DAYS <u>7</u>		12. IF UNDER 14 HRS. Hours Min.	
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 _____			
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Andrew Bryan</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Ellen ?</u>		14. NAME OF HUSBAND OR WIFE <u>J. N. Auberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Auberry</u> ADDRESS <u>Lebanon, 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, asthenia, etc.: It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flu</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒	
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-20, 1952</u> to <u>2-22, 1952</u> , that I last saw the deceased alive on <u>2-21, 1952</u> , and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Lindsay M.D.</u> (Degree or title)				23b. ADDRESS <u>Conway, Mo.</u>		23c. DATE SIGNED <u>2-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lonesome Hill</u>		24d. LOCATION (City, town, or county) (State) <u>near Phillipsburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-1952</u>		REGISTRAR'S SIGNATURE <u>Albella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received MAR 1 1952

Laclede County Health Unit

File No. 3-52-21

Date Filed MAR 4 1952

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 Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.