

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7706

State File No.

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 23

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> | |
| c. LENGTH OF STAY (in this place) <u>20 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>408 North Grand</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 North Grand</u> | | e. STREET ADDRESS <u>408 North Grand</u> | |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>I.</u> c. (Last) <u>LACORCE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1952</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>July 16, 1882</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Month Day | IF UNDER 24 HRS. Hour 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 <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Center, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|---|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Alie Campbell</u> | 13b. MOTHER'S MAIDEN NAME <u>Lucy Hill</u> | 14. NAME OF HUSBAND OR WIFE <u>F.M. Lorraine</u> |
|---|--|--|

| | | |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>F.M. Lorraine, 408 N. Grand, El Dorado Springs</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer abdominal</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kisera (Liver)</u> 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>1561</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) | 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 1-1, 1952 to 3-3, 1952, that I last saw the deceased alive on 3-31, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

| | | |
|--|---------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>L. J. D. ...</u> (Degree or title) | 23b. ADDRESS <u>El Dorado Springs</u> | 23c. DATE SIGNED <u>4/2/52</u> |
|--|---------------------------------------|--------------------------------|

| | | | |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-3-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u> | 24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u> |
|---|-------------------------|---|---|

| | | |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>APRIL 2, 1952</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>El Dorado Springs</u> |
|---|--|--|

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

20
1

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 May W. Dickering

Licensed Embalmer No. 4696

P. O. Address 2 Dorado Springs,

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.