

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH88880
State File No. 88880

FILED MAR 17 1952

REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0520	
3. NAME OF DECEASED (Type or Print) a. (First) BLANCHE b. (Middle) JANE c. (Last) AUCUTT		4. DATE OF DEATH (Month) (Day) (Year) March 10 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec -25-1889
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 2 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Hammmond, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charley Henry		13b. MOTHER'S MAIDEN NAME Salina Dunbarston	
14. NAME OF HUSBAND OR WIFE			
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. —	
17. INFORMANT'S SIGNATURE OR NAME Henry Aucutt		ADDRESS Edina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lungs			
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 163X	
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) Edina MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 20 , 19 42 , to Mar 10 , 19 52 , that I last saw the deceased alive on Mar 9 , 19 52 , and that death occurred at 12 a.m., from the causes and on the date stated above.			
23a. SIGNATURE O. E. Luman M.D.		23b. ADDRESS Edina MO	
23c. DATE SIGNED Mar 12/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-12-1952	
24c. NAME OF CEMETERY OR CREMATORY Linville		24d. LOCATION (City, town, or county) (State) Edina Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Welle 3-Hunolt	
51		FUNDAL DIRECTOR'S SIGNATURE Keith Hudson	
ADDRESS Edina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1952

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Keith Hudson

Signed
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Minn

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.