

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8915**

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **28**

542

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellington 0540	
c. LENGTH OF STAY (In this place) 3 wks		d. STREET ADDRESS (If rural, give location) 1 bl. S. 24 Highway On 131 Highway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ETHEL	b. (Middle) L. LAUDERDALE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 8 Days 21	IF UNDER 24 HRS. Hours 21 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmistress	10b. KIND OF BUSINESS OR INDUSTRY U. S. Postal	11. BIRTHPLACE (State or foreign country) Wellington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Larkin	13b. MOTHER'S MAIDEN NAME Helen Meyers	14. NAME OF HUSBAND OR WIFE Frank Lauderdale
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Frank Lauderdale ADDRESS Wellington, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast		15 yrs.
	DUE TO (c) Malnutrition		1 month
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 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **28 Feb.**, 19**52**, to **21 March**, 19**52**, that I last saw the deceased alive on **21 March**, 19**52**, and that death occurred at **10:30 PM** from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Best (Degree or title) D.D.	23b. ADDRESS Hickinsville, Mo.	23c. DATE SIGNED 3/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Wellington, Mo.
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DATE REC'D BY LOCAL REG. 3-22-52	REGISTRAR'S SIGNATURE M. S. Statton	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Sheppard ADDRESS Wellington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

APR 24 1952

APR 10 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.....
Student Embalmer

Signed *J. Blair Sheppard*
Licensed Embalmer No. *479*

P. O. Address *Wellington, 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.