

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15444**

FILED MAY 7 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>3751</u>		PRIMARY REG. DIST. NO. <u>6272</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Allen Twp 6272</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Allen Twp</u>		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FLORA</u>		b. (Middle) <u>BELL</u>		c. (Last) <u>LIBSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 - 1952</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct 31 - 1869</u>		9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months Days Hours Min.		11. UNDER 1 YEAR Months Days 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>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>James Carver</u>			
13b. MOTHER'S MAIDEN NAME <u>Martina Jane Thompson</u>				14. NAME OF HUSBAND OR WIFE <u>Franklin Libson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>163X</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>Carcinoma of lungs.</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			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 <u>2-10</u> , 19 <u>52</u> , to <u>4/22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/22</u> , 19 <u>52</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles H. Williamson MD</u>				23b. ADDRESS <u>1002 N. 2nd St. N.W.</u>			
23c. DATE SIGNED <u>4/23/52</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Apr 24 - 52</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Siloam Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Brown</u>			
DATE REC'D BY LOCAL REG. <u>4/30/1952</u>				REGISTRAR'S SIGNATURE <u>John E. Dawson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 204

P. O. Address. Dan m

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.