

STANDARD CERTIFICATE OF DEATH

15974

State File No.

FILED JUN 9 1952

BIRTH NO.

REG. DIST. NO. 96

PRIMARY REG. DIST. NO. 5347

Registrar's No. 35

1. PLACE OF DEATH				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission).			
a. COUNTY <i>Dallas</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Buffalo Rural N. Benton</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Dallas</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>0300</i>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <i>Lydia</i>	b. (Middle) <i>Belle</i>	c. (Last) <i>Prentiss</i>	(Month) <i>5</i>	(Day) <i>27</i>	(Year) <i>1952</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>
5. SEX <i>Female</i>		6. COLOR OF RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Dec. 3-1872</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Harrison Mo Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>John W. Spence</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Mainwaring</i>		14. NAME OF HUSBAND OR WIFE <i>Clay Prentiss</i>			
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 ADDRESS			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Metastatic Carcinoma</i>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>			
ANTECEDENT CAUSES				DUE TO (b) <i>Carcinoma of Uterus</i>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <i>Diabetes Mel.</i>			
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"/>				176X			
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)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>46</i> , to <i>5-27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>5-27</i> , 1952, and that death occurred at <i>7:00</i> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>A. Bruffin</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>Buffalo Mo</i>		23c. DATE SIGNED <i>28 May 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>5-14-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Manassas Emily Bellamy</i>		24d. LOCATION (City, town, or county) (State) <i>Mo</i>	
DATE REC'D BY LOCAL REG. <i>6/6/52</i>		REGISTRAR'S SIGNATURE <i>Mr. Grace Patrick</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>L.B. Jones</i>		ADDRESS <i>Buffalo Mo</i>	

(Licensed Embalmer's Signature on Reverse Side)

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

1300
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: Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.