. No. 300
. 10.48

940
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21676

State File No.

FILED JUN 23 1952

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Desloge
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 South Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Desloge 0940
d. STREET ADDRESS (If rural, give location): 400 South Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Lottie b. (Middle) Marcella c. (Last) Mounce

4. DATE OF DEATH (Month) (Day) (Year): June 11 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 12, 1907

9. AGE (In years last birthday): 44 — If under 1 year: Months 8 Days 29 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dryer

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (City and State or Foreign Country): Salem, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Richard Davis

13b. MOTHER'S MAIDEN NAME: Nettie Brooks

14. NAME OF HUSBAND OR WIFE: James Mounce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk

17. INFORMANT'S SIGNATURE OR NAME: Gerene Davis — **ADDRESS**: Boss, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall bladder, stomach and liver — INTERVAL BETWEEN ONSET AND DEATH: Probably 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probably gall bladder disease about 1947 — INTERVAL BETWEEN ONSET AND DEATH: Several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: None — INTERVAL BETWEEN ONSET AND DEATH: 155X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/8/52

19b. MAJOR FINDINGS OF OPERATION: Massive carcinoma involving Gall bladder, stomach and liver operated 3/8/52

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/15/51, 19___, *to* June 11, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul L. Jones (Degree or title) M. D.

23b. ADDRESS: 12 Wood Drive, Flat River, Mo

23c. DATE SIGNED: 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6/14/52

24c. NAME OF CEMETERY OR CREMATORY: Boss Cemetery

24d. LOCATION (City, town, or county) (State): Boss, Missouri

DATE REC'D BY LOCAL REG.: June 14, 1952

REGISTRAR'S SIGNATURE: Esther Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Z. Boyer & Son Desloge, Mo.

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed S. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Neosho, 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.