

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27656

State File No.

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbuda MO 50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbuda MO 1350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) FLORELL c. (Last) WORKMAN 4. DATE OF DEATH (Month) (Day) (Year) 7-27-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U 8. DATE OF BIRTH 5/30/1882 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Retired Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Greater Tenn 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Curry 13b. MOTHER'S MAIDEN NAME Mary Garrett 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. 70 17. INFORMANT'S SIGNATURE OR NAME J. L. Homer ADDRESS Arbuda MO Rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____

18. CAUSE OF DEATH (MEDICAL CERTIFICATION)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver

ANTECEDENT CAUSES (b) Cirrhosis of Liver

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 _____ 1561 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) _____ 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 4-28, 1942, to July 27, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 7:30 am., from the causes and on the date stated above.

23a. SIGNATURE H. K. ... (Degree or title) 23b. ADDRESS Hornersville Mo 23c. DATE SIGNED 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 7-29-1952 24c. NAME OF CEMETERY OR CREMATORY Hanner 24d. LOCATION (City, town, or county) (State) Hornersville MO

DATE REC'D BY LOCAL REG. 8-2-52 REGISTRAR'S SIGNATURE Bertha Kinschne 56-1 25. FUNERAL DIRECTOR'S SIGNATURE W. ... ADDRESS ...

(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-6-52

COUNTY FILE NUMBER 852-204

AUG 28 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. T. Lowman

Licensed Embalmer No. 352

P. O. Address Lawrence A

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.