

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30807

State File No.

S. No. 300
V. 10.48

SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1020

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Agency</u>	
c. LENGTH OF STAY (in this place) <u>5 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>IRENE</u> c. (Last) <u>LYTTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 22 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-9-1911</u>
9. AGE (In years last birthday) <u>41</u>		10. MONTHS <u>11</u>	10. DAYS <u>10</u>
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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Wall</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara Hare</u>		14. NAME OF HUSBAND OR WIFE <u>James Lytton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Lytton, Agency, Missouri</u>
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Adenocarcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS: <u>Bronchial Pneumonia</u>			Unknown
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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>9-22</u> , 19 <u>52</u> , to <u>9-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-22</u> , 19 <u>52</u> , and that death occurred at <u>11:00P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. W. H. ...</u> (Degree or title)		23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u>	23c. DATE SIGNED <u>9-24-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Agency, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Sept 26, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. ...</u>	FUNDAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.