

No. 38
Re. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35455

State File No.

Registrar's No. 367

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u> <u>0644</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>614 SCHAMORE ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1402 VERMONT ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>LAFOE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1952</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>10-25-1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. 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>MARION COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>THOMAS STEVENSON</u>		13b. MOTHER'S MAIDEN NAME <u>JENNETTE McCLORE</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL R. LAFOE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel R. Lafoe - Hannibal, Mo</u> ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized Arteriosclerosis</u>		DUE TO (c) <u>Arteriosclerotic gangrene at foot.</u>			
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"/>			

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) <u>4201</u>	
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 Nov 1, 1952, to Nov 7, 1952, that I last saw the deceased alive on Nov 7, 1952, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Nov 10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>11-12-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 18 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 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 Ralph Clark.....

Licensed Embalmer No. 4217.....

P. O. Address, Hammeld, 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.