

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8461**

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **3311** PRIMARY REG. DIST. NO. **4497** Registrar's No. **11**

020  
1

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

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clarence, Mo</b>		c. LENGTH OF STAY (In this place) <b>5 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarence, Missouri</b>	
		d. STREET ADDRESS (If rural, give location) <b>None 1020</b>	
3. NAME OF DECEASED a. (First) <b>FLORA</b>		b. (Middle) <b>ANN</b>	
		c. (Last) <b>QUEEN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>2-9-1953</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>7-14-1880</b>		9. AGE (In years last birthday) <b>72</b>	
		If under 7 years: Months <b>6</b> Days <b>15</b> Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	
11. BIRTHPLACE (State or foreign country) <b>Washington County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Buxton</b>		13b. MOTHER'S MAIDEN NAME <b>Elvira Jones</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>None</b>	
16. SOCIAL SECURITY NO. <b>L</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alice LaChance Clarence, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Carcinoma of Lungs</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Breasts</b>	
DUE TO (b)		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>	
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 <b>Sept. 1949</b> to <b>Feb. 8, 1953</b> , that I last saw the deceased alive on <b>Feb. 8, 1952</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>B. L. Edington, D.O.</b>		23b. ADDRESS <b>Clarence, Mo.</b>	
23c. DATE SIGNED <b>2-9-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-11-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trondale Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Trondale, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barthelme &amp; Hawkins</b>	
DATE REC'D BY LOCAL REG. <b>2-10-53</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Barthelme &amp; Hawkins</b>		ADDRESS <b>Clarence, Mo.</b>	

---

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 Embalmer No. ....

Signed James D. Davis

Signed.....  
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address. Shelby, 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.