

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3878**

BIRTH NO. **FILED FEB 16 1954** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 3 weeks	c. CITY OR TOWN Mexico
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Lucretia b. (Middle) Estella c. (Last) Day		4. DATE OF DEATH (Month) (Day) (Year) Feb 9, 1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 27, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 51
11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lester Fox.		13b. MOTHER'S MAIDEN NAME Annie Davis	14. NAME OF HUSBAND OR WIFE Richard V. Day
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Richard V. Day, Mexico, Mo 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Diffuse Carcinoma of abdomen with ascites. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of ovary? DUE TO (c) —	
19a. DATE OF OPERATION 1/9/54		19b. MAJOR FINDINGS OF OPERATION myocardial failure 175x	
19c. INTERVAL BETWEEN ONSET AND DEATH 3 months		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none	
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 1/2, 1954 , to 2/9, 1954 , that I last saw the deceased alive on 2/9, 1954 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thos. L. Sawyer, M.D.		23b. ADDRESS Mexico, Mo	
23c. DATE SIGNED 2/11/54		24. NAME OF CEMETERY OR CREMATORY Elmwood Cametery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-54	
24c. LOCATION (City, town, or county) (State) Mexico, Missouri		24d. REGISTERAR'S SIGNATURE Blanche Neely	
DATE REC'D BY LOCAL REG. Feb 11-1954		25. FUNERAL DIRECTOR'S SIGNATURE Clara Cruse ADDRESS Mexico, Mo	

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.....
Signature of Student Embalmer

Signed *W. H. Amundson*

Licensed Embalmer No. *356*

P. O. Address *Murphy*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.