

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19518  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, N. M. Vennor</u> c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOGAN, RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(Home) 1/2 N.W. M. Vennor, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>?</u>	
3. NAME OF DECEASED a. (First) <u>LUCY</u> b. (Middle) <u>HAROLD</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE - 19 - 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL - 17 - 1892</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>Housekeeping</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Days <u>2</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>MILLS Co. IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>BENJAMIN FRANKLIN HAROLD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. E. KINCHELOE, MT. VERNON, MO. R. 2</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary Congestion and mitral stenosis</u> DUE TO (c) <u>unknow</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition and debilitation</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>410 X</u>	
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>May 21, 1954</u> , to <u>June 19, 1954</u> , that I last saw the deceased alive on <u>June 12, 1954</u> , and that death occurred at <u>4:40 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>David E. Geary, D.O.</u>		23b. ADDRESS <u>MT Vernon, Mo</u>	
23c. DATE SIGNED <u>6/19/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; Burial June 19, 1954</u>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Logan Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. D. Faceth, Mt. Vennor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-21-54</u>		REGISTRAR'S SIGNATURE <u>Caril Handrick</u>	

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

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JEC 15 1954

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed D. W. Fassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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.