

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29611**  
Registrar's No. **152**

FILED AUG 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>California</b> b. COUNTY <b>Los Angeles</b>	
b. CITY OR TOWN <b>Nevada</b>	c. LENGTH OF STAY (in this place) township) <b>25 1/2 hrs.</b>	c. CITY OR TOWN <b>Montebello</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>137 1/2 North Taylor</b> <b>8078</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b>	b. (Middle) <b>LaRue</b>	c. (Last) <b>Lombard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 7 1954</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 23, 1887</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Schell City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John H. Enaley</b>	13b. MOTHER'S MAIDEN NAME <b>Malinda Evelyn Van Dyke</b>	14. NAME OF HUSBAND OR WIFE <b>Roy Lombard</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NUMBER <b>561-343-0596</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena O. Enaley</b>	ADDRESS <b>Schell City, Mo.</b>
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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) <b>Probable Cancer of Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1/7**, 19**54**, to **8/7**, 19**54**, that I last saw the deceased alive on **8/7**, 19**54**, and that death occurred at **3:00** p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. G. Morris, M.D.</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>8/7/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 9, 1954</b>	24c. NAME OF CEMETERY <b>Green Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Schell City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-10-54</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis &amp; Son</b>	ADDRESS <b>Schell City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1924

**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 *John G. Lewis*.....

Licensed Embalmer No. *47*.....

P. O. Address *Schell*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**