

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34491

State File No.

No. 300
10-48

FILED NOV 9 - 1954

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 10

0550

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MT. VERNON - Rural</u>		c. LENGTH OF STAY in this place <u>11 YEARS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>MT. VERNON</u>		d. STREET ADDRESS (If rural, give location) <u>1 MILE NO. OF MT. VERNON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile No., Mt Vernon (home)</u>		d. STREET ADDRESS (If rural, give location) <u>1 MILE NO. OF MT. VERNON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>FENDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 28 1954</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>JUNE 24 1911</u>
9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>POLK COUNTY, MO.</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>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>FLOYD ARMSTRONG</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY CARR</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLEY FENDER</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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-22-3768</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CHARLEY FENDER</u>		ADDRESS <u>MT. VERNON MO. R 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 months</u>	
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. <u>Metastasis to bones, liver and lungs.</u>		?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</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>July 15, 1954</u>, to <u>Oct. 28, 1954</u>, that I last saw the deceased alive on <u>Dec 28, 1954</u>, and that death occurred at <u>10:30 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>P.A. Huber</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mt Vernon Mo</u>	
23c. DATE SIGNED <u>10-30-54</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 31 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BRIGHTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRIGHTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-3-54</u>		REGISTRAR'S SIGNATURE <u>Paul Handricks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Lassett</u>		ADDRESS <u>Mt Vernon Mo</u>	

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 NW Lassett

Licensed Embalmer No. 2201

P. O. Address W. Vernon W.

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.