

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7402

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (If applicable) 4 yrs	
c. CITY (If outside corporate limits write RURAL and give township) OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) 502 Harper	
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 Harper		e. STREET ADDRESS (If rural, give location) 502 Harper	

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) M c. (Last) MORRIS			4. DATE OF DEATH (Month) (Day) (Year) 3-11-1955		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Feb. 13-1896		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 YEAR: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) State of La.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ←		11. BIRTHPLACE (City and State or Foreign Country) State of La.	

13a. FATHER'S NAME Salomon Allen		13b. MOTHER'S MAIDEN NAME Mattie Samson		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ←		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lina Belle Lee - Poplar Bluff, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 7 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterus		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			
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 174 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **25 Jan, 1955**, to **11 Mar, 1955**, that I last saw the deceased alive on **11 Mar, 1955** and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 11 Mar 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) 3-14-55		24b. DATE 3-14-55		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		25. GENERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Jefferson, Mo.	
DATE REC'D BY LOCAL REG. 3/12/55		REGISTRAR'S SIGNATURE [Signature]		499-0	

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

RECEIVED
MAR 21 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

MAR 23 1955

MAR 27 1955

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
Student Embalmer

Signed Fred J. Smith
Licensed Embalmer No. 4408

P. O. Address Director, 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.