

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10964

State File No.

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 116

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

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW.</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>WARSAW</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>2080</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>VAILE</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 14 1955</u>
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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>Sept 15, 1865</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Watska, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nathaniel Boutelle</u>	13b. MOTHER'S MAIDEN NAME <u>Kennis Vail</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Drake</u>
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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>Robert Drake</u>	ADDRESS <u>Warsaw, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast left</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>Pleural Effusion</u> <u>Metastases to Pleural</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u> <u>6-8 weeks</u> <u>sev. months</u>
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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) <u>170X</u>
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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?
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22. I hereby certify that I attended the deceased from January, 1949, to 14 April, 1955, that I last saw the deceased alive on 13 April, 1955, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>David H. Glenn</u> (Degree or Title) <u>M.D.</u>	23b. ADDRESS <u>Warsaw, Mo</u>	23c. DATE SIGNED <u>15 April 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Apr 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw, Benton Co. Mo</u>
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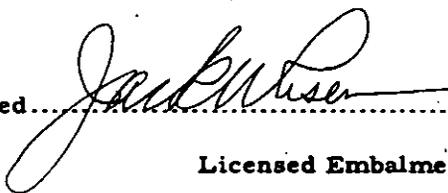
DATE REC'D BY LOCAL REG. <u>Apr 15, 1955</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. New</u>	ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....


Licensed Embalmer No. 464

P. O. Address Warsaw, IN

**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.**