

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25296

State File No. _____

FILED AUG 29 1955

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|---|-------------------------------|--|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>38</u> | | PRIMARY REG. DIST. NO. <u>3006</u> | | Registrar's No. <u>223</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Columbia</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Niedermeyer Apartments 1205 0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> | | | b. (Middle) _____ | | c. (Last) <u>LAWTHER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1955</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Nov. 18, 1888</u> | | 9. AGE (In years last birthday) <u>66</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 HR. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Redwing, Minnesota</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Samuel Lawther.</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Dyer</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.H. Guitar, Columbia, Mo.</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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>170X.</u> | | | |
| 19a. DATE OF OPERATION <u>Oct 10, 1952</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma (Adeno) of left breast</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>6-14</u> , 19 <u>54</u> , to <u>8-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>55</u> , and that death occurred at <u>1:15A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Henry C. Belcher, MD</u> (Degree or title) | | | | 23b. ADDRESS <u>22218th Columbia Mo</u> | | 23c. DATE SIGNED <u>8-25-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 27, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Aug. 26, 1955</u> | | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31-</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parer Funeral Service, Columbia, Mo</u> | | | |

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

OCT 3 1956

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. 489
P. O. Address Columbia

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.