

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34067

State File No.

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PALMYRA</u>		c. CITY OR TOWN <u>PALMYRA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>XXXXX</u>		e. STREET ADDRESS (If rural, give location) <u>0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>XXXXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LENA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>RIGHTMIRE</u>	4. DATE OF DEATH <u>NOV. 6, 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR (R. RACE) <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7/11/1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR: MONTHS <u>3</u> DAYS <u>25</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>XXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BENJAMIN, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH BLAND</u>	13b. MOTHER'S MAIDEN NAME <u>LUDY JACKSON</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE RIGHTMIRE</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>XXXXXXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE RIGHTMIRE</u>	ADDRESS <u>PALMYRA, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 5 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Hypertension</u> <u>20 yrs</u> DUE TO (c) <u>4201</u>		

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) (Min.)	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 Jan 1, 1952, to Nov 6, 1955, that I last saw the deceased alive on Nov 6, 1955, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Palmyra Mo</u>	23c. DATE SIGNED <u>Nov 9 - 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>CANTON, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11/9/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Lewistown, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 10 1955
MARION CO. HEALTH DEPT.
DATE FILED NOV 10 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.....
Signature of Student Embalmer

Signed *Charles L. Arnold*.....

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, ..

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.