

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

FILED NOV 30 1955

State File No. **36265**

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Christian</u> b. CITY OR TOWN <u>Highlandville</u> c. LENGTH OF STAY (in this place) <u>4 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> c. CITY OR TOWN <u>Highlandville</u> d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>	
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3. NAME OF DECEASED a. (First) <u>LENNA</u> b. (Middle) <u>E.</u> c. (Last) <u>MAPLES</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 12, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 10 HRS. Hours Min.
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 - - - - -		11. BIRTHPLACE (State or foreign country) <u>Verona, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William J. Ware</u>	13b. MOTHER'S MAIDEN NAME <u>N. Jane Pargon</u>	14. NAME OF HUSBAND OR WIFE <u>James William Maples</u>
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 ADDRESS <u>Mrs. Reitha Noe, Spokane, Mo.</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>Transitions and debilitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>primary carcinoma of uterus.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174X</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <u>11-13-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus</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) m.	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 1-9, 1954, to 10-26, 1955, that I last saw the deceased alive on 10-19, 1955 and that death occurred at 8:00a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold Shaffer D.O.</u>		23b. ADDRESS <u>Nixa, Mo.</u>		23c. DATE SIGNED <u>11-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 30, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highlandville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Highlandville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 28-1955</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Harris</u> <u>Clever, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.