No. 300
10.48

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3739

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5039 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Butterfield Twp
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Barry
c. CITY OR TOWN Butterfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 3/4 mi. North of Butterfield 0050

3. NAME OF DECEASED (Type or Print) a. (First) Lola b. (Middle) BABE c. (Last) MacKin
4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1956
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-20-1892
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Berryville, Ark
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William S. Thomas
13b. MOTHER'S MAIDEN NAME Rosie B. Austin
14. NAME OF HUSBAND OR WIFE Charles C. MacKin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charles C. MacKin - Purdy Rt 2, Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Ascending Colon — INTERVAL BETWEEN ONSET AND DEATH 3 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-10, 1954, *to* 3-9, 1956, *that I last saw the deceased alive on* 3-7, 1956, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Joel R. Harris (Degree or title) DO
23b. ADDRESS Purdy Mo
23c. DATE SIGNED 3/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-12-56
24c. NAME OF CEMETERY OR CREMATORY Synder Cemetery
24d. LOCATION (City, town, or county) (State) Chelsea, Okla.

DATE REC'D BY LOCAL REG. 3-10-56
REGISTRAR'S SIGNATURE Grace Williams 10-C
25. FUNERAL DIRECTOR'S SIGNATURE Davis-Williamson - ADDRESS Cassville, NW

(Licensed Embalmer's Statement on Reverse Side) Dyt E Williamson

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 356-53

DATE REC. 3-12-56

MAR 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyle E Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.