

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7745

State File No. ....

FILED FEB 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>4492</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ORAN</b>		c. LENGTH OF STAY (In this place) <b>3 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ORAN</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ORAN</b>				d. STREET ADDRESS (If rural, give location) <b>ORAN</b>				
3. NAME OF DECEASED (Type or Print) <b>LULA</b> a. (First) b. (Middle) c. (Last) <b>MANSELL</b>			4. DATE OF DEATH <b>FEB. 11 1956</b> (Month) (Day) (Year)					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 9 1888</b>		
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (If a kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HARRY MANSELL</b>			13b. MOTHER'S MAIDEN NAME <b>ELLA BARNFIELD</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES R. MANSELL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CHARLES R. MANSELL</b> ADDRESS <b>ORAN, MO.</b>				
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) <b>Carcinoma of Uterus</b>  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. _____					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>No Operation</b>					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>1955</u> , to <u>2/11</u> , 1956, that I last saw the deceased alive on <u>2/11</u> , 1956, and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>J. A. Cline M.D.</b>				23b. ADDRESS <b>Oran Mo</b>		23c. DATE SIGNED <b>2/13/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 14 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FRIEND</b>		24d. LOCATION (City, town, or county) (State) <b>ORAN MO.</b>		
DATE REC'D BY LOCAL REG. <b>2-16-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Paul Bezing Lezy</b>		525 FUNDAL DIRECTOR'S SIGNATURE <b>Carl J. Smith</b>		ADDRESS <b>ORAN, MO.</b>		

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

FEB 20 1956

DATE RECEIVED \_\_\_\_\_

SCOTT CO. HEALTH DEPT.

CO. FILE No. 256-42

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Earl J. Smith

Signed.....  
Student Embalmer

Licensed Embalmer No. 3676

P. O. Address Orean Mo.

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