

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No. **10284**

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Chas.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY OR TOWN <u>Saint Charles</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 (If not in hospital or institution, give street address or location) <u>Saint Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2206 North Fifth</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Lansford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 26, 1900</u>	
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>5</u>		11. DAYS <u>15</u>		12. IF UNDER 1 YEAR Hours Min. <u>15</u>	
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>own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. L. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Finley</u>		14. NAME OF HUSBAND/OR WIFE <u>Lee R. Lansford</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. Lee Lansford, St. Charles, 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>Bilateral Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Varicose Vein left leg.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Corony artery Sclerosis. Gen arterial sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u> <u>3 yrs - 3 yrs -</u>	
19a. DATE OF OPERATION <u>4/9/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chr Choleliths 584x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>4-2-56</u> , to <u>4-10-56</u> , that I last saw the deceased alive on <u>4-19-56</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>R. J. Hamilton M.D.</u>				23b. ADDRESS <u>St. Charles Mo.</u>		23c. DATE SIGNED <u>April 11, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 11, 1956</u>		REGISTRAR'S SIGNATURE <u>L. C. Dalbey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Dalbey & Son</u>		ADDRESS <u>St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1957

APR 25 1957

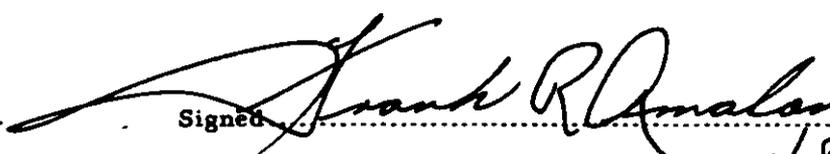
APR 18 1956

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. 48

P. O. Address St. Ch.....

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