FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12721

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Linn Mo R.D. — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Marys' Hospital — Length of stay in 1b 6 hrs	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lucinda Middle Last Gaume		4. DATE OF DEATH Month Day Year April-9-1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH April, 2, 1881
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days 7	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY ----------	11. BIRTHPLACE (City and state or country) Luystown Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wiley Price		14. MOTHER'S MAIDEN NAME Susan Price	
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. -------	17. INFORMANT Mrs. Theron Mantle	Address Linn, Mo. R.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Stomach with Metastases. — INTERVAL BETWEEN ONSET AND DEATH 8 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar. 28 56, to April 9, 1956 and last saw her alive on April 9, 1956

Death occurred at 9:30a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. B. Klebba M.D.	22b. ADDRESS Jefferson City, Mo	22c. DATE SIGNED 4-10-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/12/56	23c. NAME OF CEMETERY OR CREMATORY Shirley Cemetry
23d. LOCATION (City, town, or county) Mint Hill (State) MO		
24. FUNERAL DIRECTOR Clyde Morton ADDRESS Linn, Mo	25. DATE RECD. BY LOCAL REG. 10 April 1956	26. REGISTRAR'S SIGNATURE R. P. Dorris MD-MR.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Mo

Licensed Embalmer No. 4

P. O. Address Lem

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.