

FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13989

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>La Plata</u>		c. LENGTH OF STAY (in this place township) <u>62 Yrs</u>		c. CITY OR TOWN <u>La Plata</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 ---				e. STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>			b. (Middle) <u>Belle</u>		c. (Last) <u>Sacre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 25, 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 16 1892</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>9</u> Hours <u>---</u> Min. <u>---</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>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John H. Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Barnhill</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Sacre</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>Jesse Sacre La Plata, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Squamous cell carcinoma of right lung</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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>Feb 1, 1954</u> , to <u>April 25, 1956</u> , that I last saw the deceased alive on <u>April 25, 1956</u> , and that death occurred at <u>5:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. M. Neely, M.D.</u>				23b. ADDRESS <u>La Plata, Mo.</u>		23c. DATE SIGNED <u>4/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/25/56</u>		REGISTRAR'S SIGNATURE <u>Thos. M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kenneth M. Wilson La Plata, Mo.</u>			

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

NOV 15 1957

RECEIVED 5. 1. 56
MACON COUNTY HEALTH DEPARTMENT
County File No. 5-56-6070
Date Filed 5. 1. 56

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 *Kenneth M. Wilson*

Licensed Embalmer No...4701

P. O. Address...La. Plata,...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.