

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26756

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5514 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron twsp.</u>		c. CITY OR TOWN <u>Iron Township</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>5 mi. NW of Iron Mountain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. NW of Iron Mountain</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LILLIAN</u>	b. (Middle) <u>RUTH</u>	c. (Last) <u>HAVEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1956</u>
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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>Dec. 1, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>1</u>	IF UNDER 2 HRS. Hour <u>1</u> Min.
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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>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Olney, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Lewis Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Parthena Adeline Lyons</u>	14. NAME OF HUSBAND OR WIFE <u>Dallas Haven</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Dallas Haven, Bismarck, Mo.</u>	ADDRESS <u>Rt. 1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hemorrhaging carcinoma of uterus</u> DUE TO (c) <u>Carcinoma of uterus</u>		<u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>1 year</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>174x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 9-1, 1956, to 9-2, 1956, that I last saw the deceased alive on 9-2, 1956, and that death occurred at 5:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Mendigob, D. O.</u> (Degree or title)	23b. ADDRESS <u>Bismarck, Mo.</u>	23c. DATE SIGNED <u>9-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/4/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 7-1956</u>	REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

Amel J. White

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

290

SEP 11 1958

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.. *Archie J. White* .....

Licensed Embalmer No...3012.....

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