

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44937
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 30.35 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home (Myrick Rd.)		Length of stay in 1b 3 wk.	d. STREET ADDRESS S. 6th St. Myrick Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) NANCY First ELIZABETH Middle ORENDOR Last			4. DATE OF DEATH December 12, 1957 Month December Day 12 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 76 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Her Home	11. BIRTHPLACE (City and state or country) Warrensburg Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME William Lathem			14. MOTHER'S MAIDEN NAME Martha Booth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address James Ralph Orendor Lexington, Mo		
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 - rt. Breast with metastasis lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastasis lung. DUE TO (c) 170X					INTERVAL BETWEEN ONSET AND DEATH 2 wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary heart disease					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 3:50 Month 12 Day 12 Year 1957 a. m. 3:50 p. m. 3:50					
20d. INJURY OCCURRED, WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 12/2/57 to December 12, '57 and last saw her alive on 12/2/57 Death occurred at 3:50 a. / m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ben H. Brasher M.D. (Degree or title) 0			22b. ADDRESS Lexington, Mo		22c. DATE SIGNED 12/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 24 Dec. 57	23c. NAME OF CEMETERY OR CREMATORY Maplelark		23d. LOCATION (City, town, or county) (State) Lexington, Mo	
24. FUNERAL DIRECTOR Harold P. Walker Lexington, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 12-24-57	26. REGISTRAR'S SIGNATURE Wm. Eastbrook		

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 *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Lexington,*

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.