

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015463
STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 167

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leadwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Leadwood</u> <u>0948</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Leadwood</u> | | d. STREET ADDRESS (If outside, give location) <u>-----</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Length of stay in lb <u>50 Yrs.</u> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>Ann</u> Last <u>Van Lear</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 5, 1880</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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>-----</u> | | 11. BIRTHPLACE (City and state or country) <u>Pilot Knob, Missouri</u> | |
| 13. FATHER'S NAME <u>John Fatchett</u> | | | 14. MOTHER'S MAIDEN NAME <u>Catherine McCarron</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>-----</u> | | 17. INFORMANT Address <u>Clarence Van Lear Leadwood, Mo.</u> | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of lungs</u> <u>Type and primary site not known</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>-----</u> DUE TO (c) <u>-----</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Wk</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |

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|--|--|--|--|--|--|
| 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 <u>-----</u> a. m. <u>-----</u> p. m. <u>-----</u> Month, Day, Year <u>-----</u> | | | | | |

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|---|---|------------------------------------|--------|------------------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>3/4/58</u> to <u>4/29/58</u> and last saw her ^{her} _{him} alive on <u>4/28/58</u> . Death occurred at <u>-----</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Name or title) <u>John W. Hunt M.D.</u> | | 22b. ADDRESS <u>Leadwood Mo</u> | | 22c. DATE SIGNED <u>4/30/58</u> |

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|---|---------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>5/1/58</u> | <u>Hopewell Cemetery</u> | <u>Hopewell, Missouri</u> |

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| 24. FUNERAL DIRECTOR <u>Bert L. Boyer</u> ADDRESS <u>Leadwood, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Apr. 30, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Esther Rudolph</u> |
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 0948
 163
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 289

MAY 22 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 *William E. Boyer*.....

Licensed Embalmer No. *473*.....

P. O. Address *Leedswood*.....

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.