

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021085

STATE FILE NUMBER

FILED JUN 18 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

405

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Poplar Bluff TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Qulin 0120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		Length of stay in 1b 10 Days	d. STREET ADDRESS (If outside, give location) City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EULA Middle EVA Last DONICA		4. DATE OF DEATH Month May Day 28 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1958
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. 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	11. BIRTHPLACE (City and state or country) Doniphan, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Wesley Lance	
13b. MOTHER'S MAIDEN NAME Leota Johnson		14. NAME OF HUSBAND OR WIFE Ross Donica	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-18-6052	17. INFORMANT Ross Donica Address Qulin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyonephrosis & Perirenal Abscess, right			9 months
DUE TO (c) Hydronephrosis, right kidney 601X			10 years
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"/>
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 10 Month, Day, Year a.m. PM p.m.			
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 5-19-58 , to 5-28-58 and last saw her ^{her} alive on 5-28-58 Death occurred on 5-28-58 at 10 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Day, month, year) A. J. May, Jr., M.D.		22b. ADDRESS Poplar Bluff, Mo. Lucy Lee Hospital	22c. DATE SIGNED 6-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Qulin Cemetery	23d. LOCATION (City, town, or county) (State) Qulin Missouri
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. 6/4/58	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

204 RECEIVED
 JUN 17 1958
 BUTLER CO. HEALTH CENTER
 FILE No. _____

JUN 18 1958

Cardiac Arrest
 Pyonephrosis & Perinephric Abscess, right kidney
 STATEMENT BY LICENSED EMBALMER
 Hydronephrosis, right kidney
 10 years

x 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 Christina Landess

 Licensed Embalmer No. 4227

P. O. Address Campbell,

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.