Health, & Welfare Public Service

S. 300 O
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000913

STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 10 B

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mercy Infirmary — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Miller — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lulu Middle: Elizabeth Last: Anderson

4. DATE OF DEATH Month: JAN Day: 1 Year: 1959

5. SEX: Female **6. COLOR OR RACE:** White **7. MARITAL STATUS:** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ **8. DATE OF BIRTH:** 1-1-1874 **9. AGE** (In years last birthday): 85 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (City and state or country): Greenville Ky **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: P. W. Fortner **13b. MOTHER'S MAIDEN NAME:** Jennie Thompson **14. NAME OF HUSBAND OR WIFE:** Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.:** None **17. INFORMANT:** Mrs. Edgar West Address: Springfield Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma, primary site undetermined — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 199.2

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED** (Enter nature of injury in PART I or PART II of item 18.)

ITEM 25 CORRECTED BY AFFIDAVIT OF Registrar 1-30-59

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 Nov 1958 to Jan 1, 59 and last saw her/him alive on Dec 27, 1958. Death occurred at 9 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James T. Ford (Degree or title) MD **22b. ADDRESS** Springfield Mo **22c. DATE SIGNED** 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 1-4-1959 **23c. NAME OF CEMETERY OR CREMATORY** Shiloh **23d. LOCATION** (City, town, or county) (State) N. E. of Miller Mo.

24. FUNERAL DIRECTOR Monroe-Lemon **ADDRESS** Miller Mo. **25. DATE RECD. BY LOCAL REG.** 1-12-59 **26. REGISTRAR'S SIGNATURE** Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1959

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 L. R. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.