URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 191

60-029525
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico
Length of stay in 1b: 45 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Allen Nursing Home
Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First: Lena Middle: Davis Last: Hill
4. DATE OF DEATH: Month, Day, Year: August 7, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-13-1880
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Adams Jones
13b. MOTHER'S MAIDEN NAME: Lizzie Sims
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Sam Hill Address: Buell, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Origin rt tonsil
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): Coronary thrombosis
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 6-18-60, to 8-7-60 and last saw her alive on 8-5-60
Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): G. Wallenbruch M.D.
22b. ADDRESS: Mexico, Mo.
22c. DATE SIGNED: 8-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 9, 1960
23c. NAME OF CEMETERY OR CREMATORY: Middletown Cemetery
23d. LOCATION (City, town, or county) (State): Middletown, Missouri
24. FUNERAL DIRECTOR: Schlanker Funeral Home ADDRESS: Montgomery City Missouri
25. DATE RECD. BY LOCAL REG.: Aug 9-1960
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4136

P. O. Address Montgomer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.