

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000489

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 561

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH
 a. COUNTY Butler
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in 1b 7 weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Butler
 c. CITY OR TOWN Neelyville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1/2 M. West Highway 67 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
LEONA KATHLEEN LOMAX

4. DATE OF DEATH Month Day Year
JAN. 26 - 1962

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3-5-1945 9. AGE (last birthday) 16 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) Student 10b. KIND OF BUSINESS OR INDUSTRY HIGH SCHOOL 11. BIRTHPLACE (City and state or country) Neelyville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME FOSTER LOMAX 13b. MOTHER'S MAIDEN NAME IVA GOODNIGHT 14. NAME OF HUSBAND OR WIFE None

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. NONE 17. INFORMANT Address FOSTER LOMAX - NEELYVILLE 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) Malignant melanoma with metastasis
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH about one year

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.)

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 2/11/61 to death and last saw her alive on 1/26/62
 Death occurred at 17:55 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. T. Hansbrough, M. D. 22b. ADDRESS 623 Pine Blvd., Poplar Bluff, Mo. 22c. DATE SIGNED 1/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-28-62 23c. NAME OF CEMETERY OR CREMATORY KINSEY Cem. 23d. LOCATION (City, town, or county) (State) Butler Co., Missouri

24. FUNERAL DIRECTOR ADDRESS Edwards-Parrent-Naylor Mo. 25. DATE RECD. BY LOCAL REG. 2/7/1962 26. REGISTRAR'S SIGNATURE Thelma Graham

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Gene A. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.