

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39938**

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5214 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Deepwater</u>		c. CITY OR TOWN <u>Deepwater, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lela</u>	b. (Middle)	c. (Last) <u>Queen</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec 23-48</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 4-1885</u>	9. AGE (In years last birthday) Months Days	IF UNDER 24 HRS. Hours Min.
				<u>63</u> <u>8</u> <u>19</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	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John B. White</u>	13b. MOTHER'S MAIDEN NAME <u>Arlena McBee</u>	14. NAME OF HUSBAND OR WIFE <u>William Queen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Queen</u>	ADDRESS <u>Deepwater Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>4813</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Bowel, Liver, Lung</u>		
	ANTECEDENT CAUSES <u>Stomach & Throat Cancer</u> DUE TO (b) <u>Physiocal suffering</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Feb 6-1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of sigmoid</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		<u>Deepwater Henry Mo</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1948, to Dec 23, 1948, that I last saw the deceased alive on Dec 23, 1948, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. R. Townsend M.D.</u>	23b. ADDRESS <u>Deepwater Mo</u>	23c. DATE SIGNED <u>Dec 25, 48</u>
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24a. BURIAL, CREMATION, REMOVALS (Specify) <u>burial</u>	24b. DATE <u>12-26-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Deepwater Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-26-48</u>	REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Don H. Hunt</u>	ADDRESS <u>Deepwater Mo</u>
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(Licensee Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42
3

RECEIVED

District Health Officer No. 71
District File Number 12-48-1498
Date Filed 1-3-49

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.

Signed.....
Student Embalmer

Signed Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater 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 this body is not embalmed, fact should be so stated above.