

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020858

STATE FILE NUMBER

31

Primary Registration District No. 5107

Registrar's No. 10

FILED JUL 7 1958

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>White Township</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lincoln, mo Rt 1</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln, mo</u>				Length of stay in lb <u>9 yrs</u>		d. STREET ADDRESS <u>6 miles west of Lincoln</u>	
3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>ANN</u> Last <u>Hale</u>				4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>58</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 28, 1896</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		11. BIRTHPLACE (City and state or country) <u>Pettis County mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Finney R. Bryant</u>				14. MOTHER'S MAIDEN NAME <u>Hannah weise</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>John Hale</u> Address <u>Lincoln Rt 1</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma, supra rectal (primary)</u> DUE TO (c) <u>154X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Obesity; rheumatoid arthritis; sciatic paralysis left</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
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, item 18.) <u>Auto accident</u>			
20c. TIME OF INJURY Hour <u>4:20</u> Month <u>May</u> Day <u>15</u> Year <u>1958</u> a. m. p. m.				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Lincoln</u>			
20e. CITY, TOWN, OR LOCATION <u>Lincoln</u>				20f. COUNTY <u>mo</u>			
20g. STATE <u>mo</u>				20h. ADDRESS <u>Warsaw, mo.</u>			
21. I attended the deceased from <u>May 15, 1958</u> to <u>June 27, 1958</u> and last saw her alive on <u>6/27/58</u> Death occurred at <u>4:20</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. Rhodes, M.D.</u> (Degree or title)				22b. ADDRESS <u>Warsaw, mo.</u>			
22c. DATE SIGNED <u>6/28/58</u>				22d. SIGNATURE <u>E. L. Eickhoff</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 30-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Abell Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pettis County mo</u>	
24. FUNERAL DIRECTOR <u>Fred Davis & Son</u> ADDRESS <u>Lincoln</u>				25. DATE REC'D. BY LOCAL REP. <u>June 30th 1958</u>		26. REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....

Richard D. Conn

Licensed Embalmer No. *479*

P. O. Address *Lipton, N.Y.*

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