

Mr. Fulton 15173357

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1942

Registration District No. 802

Primary Registration District No. 4484

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County... Schuyler

(b) City or town... Lancaster *Mo.*

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Schuyler *98*

(c) City or town... Lancaster

(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Ethel Harvey Gaither

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife... Lyle L. Gaither

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. 6 1887

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 1 16 hr. min.

9. Birthplace De Witt Nebr. /

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Cyrus W. Harvey

13. Birthplace Ind. /

(City, town, or county) (State or foreign country)

14. Maiden name... Carrie Unland

15. Birthplace St. Paul Minn /

(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Lyle L. Gaither

(b) Address Lancaster, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Dee Riley

(b) Address Kirkville Mo.

19. (a) Mar. 27 42 (b) A. Justice

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22

year 1942 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from March 17th 1942 to March 24th 1942

that I last saw her alive on March 22 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of rt lung Purpura 9 days

Duration

Due to Metastatic carcinoma

Due to 48 hr

Other conditions Tumor of left leg

(Include pregnancy within 3 months of death)

Major findings: above ankle carcinoma

Of operations Removal of uterus

Of autopsy tricarcinoma, in 1938

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Eda M. Nulton M.D. or other.....

Address Lancaster Mo. Date signed Mar 27 1942

1278

RECEIVED

District Health Officer No. 10

District File Number 5-42-973

Date Filed MAY 13 1947

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Miss Lavinia Riley
Licensed Embalmer No. 3907
P. O. Address Kimberville 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.