

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5869

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 62

94  
7

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Springs, Pendleton Twp.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>LULU</b>		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>SCOTT</b>	
4. DATE OF DEATH <b>Feb. 19, 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Oct. 26, 1894</b>		9. AGE (In years last birthday) <b>54</b> Months <b>3</b> Days <b>23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Odd jobs</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ste. Genevieve Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Andrew Wampler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Vaughn</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-18-2060</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Leeman Scott, Farmington, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Inoperable carcinoma of the uterus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <b>none</b>		DUE TO (c) <b>none</b>			
DUE TO (a) <b>none</b>		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>no surgery</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>Sept. 1948</b> to <b>Feb. 19, 1949</b> that I last saw the deceased alive on <b>Feb. 19, 1949</b> , and that death occurred at <b>6:00p m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. Longplane M.D.</b>		23b. ADDRESS <b>Farmington Mo.</b>		23c. DATE SIGNED <b>Feb 19, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 22, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Ste. Genevieve Co., Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>C. N. Cozart</b>		24f. ADDRESS <b>Farmington Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 23, 1949</b>		REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. N. Cozart</b>	
				ADDRESS <b>Farmington Mo.</b>	

RECEIVED

Officer No. 4  
349-29  
3-1-49

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.

Student .....  
Student Embalmer

Signed Atozee.....

Licensed Embalmer No. 4084.....

P. O. Address Farmington 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.