

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40972**

FILED JAN. 6 1950

BIRTH NO. _____ REG. DIST. NO. **145** PRIMARY REG. DIST. NO. **5516** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Kaolin	c. LENGTH OF STAY (In this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Kaolin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 13 miles west of Bellevue		d. STREET ADDRESS (If rural, give location) 13 miles west of Bellevue	

3. NAME OF DECEASED (Type or Print) Lucy Jane Black			4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 25 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HRS. Hours Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ellington Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Neely	13b. MOTHER'S MAIDEN NAME Sarah Burnham	14. NAME OF HUSBAND OR WIFE MRedmond FBlack
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sam Frymand, Goodland Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Left Shoulder		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		196X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 1949**, to **Dec. 22, 1949**, that I last saw the deceased alive on **Dec. 21, 1949**, and that death occurred at **3:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE L. M. Stanfield	(Degree or title) D. O.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 12/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-24-49	24c. NAME OF CEMETERY OR CREMATORY Harbison	24d. LOCATION (City, town, or county) (State) Banner Missouri
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DATE REC'D BY LOCAL REG. Dec 30 - 1949	REGISTRAR'S SIGNATURE Mrs Elizabeth Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Iron ton Mo.
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WRITE PLAINLY - USING UNFADEING BLACK INK - MAKE A PERMANENT RECORD

1-3-50

Original No. 4
Serial Number 150-1
Date Filed _____

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 Amel White

Licensed Embalmer No. 3012

P. O. Address Intars Rd

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.