

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE MO'001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>202 HELEN AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>MAY 5 1868</u>	9. AGE (In years if under 1 year, last birthday) Months <u>83</u> Days <u>24</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>WHITEYVILLE TENN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>✓</u>		13a. FATHER'S NAME <u>NO RECORD HINDS</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	
14. NAME OF HUSBAND OR WIFE <u>JAMES CARTER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Carter Chaffee</u>					

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Distress</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism</u> DUE TO (c) <u>Chronic Lung Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5272</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 5/28, 1951, to 5/28, 1951, that I last saw the deceased alive on 5/28, 1951, and that death occurred at 9:24 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Myers</u>		23b. ADDRESS <u>Sutcliffe Mo</u>		23c. DATE SIGNED <u>5/31/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1951 MAY 31</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
				24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO</u>	

DATE REC'D BY LOCAL REG <u>June 23 1951</u>		REGISTRAR'S SIGNATURE <u>W. H. Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STUBBS' FUNERAL HOME CHAFFEE</u>	
---	--	--	--	--	--

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

090
4

1951 6 70M

RECEIVED

JUN 7 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

C. J. Lorberg

Signed.....

Student Embalmer

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.