No. 300
10.48

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16941

State File No. [illegible]

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 233

495

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 9 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peoria 8120
d. STREET ADDRESS (If rural, give location): 117 Easton 8

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Arvilla
c. (Last): Anglemyer

4. DATE OF DEATH (Month) (Day) (Year): May 24, 1952

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 28, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SSeamstress
10b. KIND OF BUSINESS OR INDUSTRY: Womens Garment Factory
11. BIRTHPLACE (State or foreign country): McDonald Co., Mo 01
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ruben M. Lair
13b. MOTHER'S MAIDEN NAME: Mary Lucinda Edmondson
14. NAME OF HUSBAND OR WIFE: Pete H. Anglemyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 359-09-0318
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ruben M. Lair, Goodman, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cervical cancer — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 171X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19, 1952 *to* 5-24, 1952 *that I last saw the deceased alive on* 5-24, 1952 *and that death occurred at* 7:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alice H. Wilson MD
23b. ADDRESS: 1923 SEARGEANT
23c. DATE SIGNED: 5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: May 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Howard Cemetery
24d. LOCATION (City, town, or county) (State): Goodman, Missouri

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Ed S. James 138 by Dolores Lampkins Dr.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John B. Popinian, Goodman, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-4-52
Jasper County Health Office
County File Number 52/6/422
Date Filed 6-4-52

AUG 19 1952

AUG 28 1952

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 John B. Papineau
Licensed Embalmer No. 4446
P. O. Address Gardiner, Me.

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.