

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25495**

FILED AUG 9 - 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS 0946</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0941</u> OR TOWN <u>BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>507 GROVE ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LIETTY</u> b. (Middle) <u>M.</u> c. (Last) <u>SQUIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 4, 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT. 29 1904</u>		9. AGE (In years last birthday) <u>47</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>LEADWOOD Mo.</u>	

13. FATHER'S NAME <u>JAMES TIDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE DEFFERIES</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN H SQUIRE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN H. SQUIRE</u> ADDRESS <u>BONNE TERRE, MO.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>171X</u>				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)	
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"/>		21h. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 29, 1952 to Aug. 4, 1952, that I last saw the deceased alive on AUG. 3, 1952, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Donald Taylor M.D.</u>		23b. ADDRESS <u>Bonne Terre, Mo</u>		23c. DATE SIGNED <u>8-6-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RAMSEY GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>WASHINGTON Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Catherine Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul G. Barnes</u> ADDRESS <u>St. Louis, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

SEP 17 1953

JAN 2 1953

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 *Clarence J. Raywell*

Licensed Embalmer No. *3706*

P. O. Address *Grand Street 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.