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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17482

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>5302</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Henley Clark</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Henley Clark</u>		d. STREET ADDRESS (If rural, give location) <u>Henley, Mo. 63601</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>LERA</u>			b. (Middle) <u>O</u>		c. (Last) <u>WHITTLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13-53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>		8. DATE OF BIRTH <u>Feb 23-1888</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Grumber, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Samuel Robert Maguire</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret White</u>		14. NAME OF HUSBAND OR WIFE <u>Atha Whittle Henley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>M. E. Whittle</u> ADDRESS <u>Henley, Mo.</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, asphyxia, 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 lung</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. <u>163X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u>	
19a. DATE OF OPERATION <u>4-2-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of right lung</u>		(with metastases to mediastinal lymph nodes.)		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) _____	
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 <u>3-23</u> 19 <u>53</u> , to <u>5-13</u> 19 <u>53</u> , that I last saw the deceased alive on <u>5-13</u> 19 <u>53</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Shubert, M.D.</u> (Degree or title)				23b. ADDRESS <u>Jefferson City, Missouri</u>		23c. DATE SIGNED <u>5-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Henley Ceme</u>		24d. LOCATION (City, town, or county) <u>Henley, Mo.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>5/16-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. L. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steffens Russell</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

7mo.

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 *G. M. Steffen*

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.