

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30925

State File No. ....

4376

FILED OCT 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> c. LENGTH OF STAY (to this place) <u>1 wk</u>		c. CITY OR TOWN <u>Lichteny</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u>		e. STREET ADDRESS (If rural, give location) <u>RFD 1 6000</u>	
3. NAME OF DECEASED a. (First) <u>DELIA</u> b. (Middle) <u>H</u> c. (Last) <u>WREN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 6-1875</u>
9. AGE (In years) (last birthday) <u>79</u>		10. AGE (In years) (last birthday) <u>79</u> <u>5</u> <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, was if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. H. Hymer</u>		13b. MOTHER'S MAIDEN NAME <u>Dulcinea Price</u>	
14. NAME OF HUSBAND OR WIFE <u>Harvey Wren</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mell Wren</u> ADDRESS <u>R1 Lichteny 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast &amp; metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to bone, spine &amp; Rib</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>		<u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> 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>June</u> , 19 <u>52</u> , to <u>Sept. 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>54</u> , and that death occurred at <u>9:50A</u> am., from the causes and on the date stated above.			
23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lichteny, Mo</u>	
23c. DATE SIGNED <u>9/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Sept-10-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence</u>		24d. LOCATION (City, town, or county) (State) <u>Lichteny Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-13-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Orchard</u>		ADDRESS <u>Lichteny Mo</u>	

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

**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.....  
Signature of Student Embalmer

Signed.....  
*John Lombard*

Licensed Embalmer No. 4448

P. O. Address.....  
*2 Liberty*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.