S. No. 300
v. 10.48

0540
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FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37889

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Lafayette,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R.#2, Odessa, Mo.
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, R.R.2, Odessa, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Lafayette County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R. IA, Warrensburg, Rural 0540
d. STREET ADDRESS (If rural, give location): R.R. I, A. Warrensburg, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle): LEONA
c. (Last): CLAUNCH
Washington Luna

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9th, 1954

5. SEX: ~~Male~~ Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15th, 1890
9. AGE (In years last birthday): 64
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and State or Foreign Country): Near Richmond, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Newton Snyder
13b. MOTHER'S MAIDEN NAME: Virginia Robb
14. NAME OF HUSBAND OR WIFE: Mr. J. Orville Claunch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. J.O. Claunch, R.R. IA, Warrensburg, Mo.

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) Metastasis to Liver + Lungs — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Adenocarcinoma +
DUE TO (c) right eye — 4 yrs.

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: 192X
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* Feb. 8, 1944, *to* Nov. 9, 1954, *that I last saw the deceased alive on* Nov. 1, 1954, *and that death occurred at* 1:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 11-10-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-1954
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Johnson County, Missouri

DATE REC'D BY LOCAL REG.: 11-16-1954
REGISTRAR'S SIGNATURE: Emma Davidson 453
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R.A. Brauninger, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.