

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005939
STATE FILE NUMBER

674

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

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>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester City</u>		c. CITY OR TOWN <u>Liberty, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research</u>		d. STREET ADDRESS (If outside, give location) <u>415 Ford</u>	
3. NAME OF DECEASED (Type or print) <u>Lucille</u>		4. DATE OF DEATH <u>Feb. 3-59</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 2-1906</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Dearborn, Mo.</u>	
13a. FATHER'S NAME <u>Henry E. Waldrige</u>		14. NAME OF HUSBAND OR WIFE <u>Bester</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Bester, Veralee - Liberty, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of vagina</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>17.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>4 yr.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1957</u> to <u>3 Feb 59</u> and last saw her alive on <u>2 Feb 59</u> Death occurred at <u>1:48 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3 Feb 59</u>	
22a. SIGNATURE (Degree or title) <u>F. M. Waterman 40</u>		22b. ADDRESS <u>Liberty, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	
23b. DATE <u>Feb 3-59</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Deucher-Orchow Co. Liberty, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-4-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

F. M. Waterman

JUL 9 1956

NOV 6 1956

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 Embler*

Licensed Embalmer No. *4448*

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