

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43372

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>315 N. Clay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Lata Lee</u> b. (Middle) <u>Cox</u> c. (Last) <u>Calderwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-50</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26, 1915</u>
9. AGE (In years last birthday) <u>35</u>		10. MONTHS <u>8</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewherying</u>	11. BIRTHPLACE (State or foreign country) <u>Versailles Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>			
13a. FATHER'S NAME <u>J. R. Cox</u>		13b. MOTHER'S M maiden name <u>Nadine E. Cox</u>	
14. NAME OF HUSBAND OR WIFE <u>Mar. J. Calderwell</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>		16. SOCIAL SECURITY NO. <u>500-03-8413-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. R. Cox</u>		ADDRESS <u>Nevada 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>Severe Burns (3rd Degree)</u> <u>(Head, Body, Upper & Lower Extremities)</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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. (Specify) <u>ACCIDENT</u> SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Vernon, Mo</u>		21d. (DATE) (MONTH) (DAY) (YEAR) (HOUR) (MIN.) <u>12-30-50 9:45 pm</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental ignition clothes</u>	
22. I hereby certify that I attended the deceased from <u>DEC 30, 1950</u> , to <u>DEC 31, 1950</u> , that I last saw the deceased alive on <u>DEC 31, 1950</u> , and that death occurred at <u>3:50 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. J. Allen M.D.</u>		23b. ADDRESS <u>Nevada, Missouri</u>	
23c. DATE SIGNED <u>12-31-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>1-2-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centertown</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth H. Yancy</u>		ADDRESS <u>331 Beechey Funeral Home, Nevada</u>	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 151-71

Date Filed 1-8-51

JAN 8 1951

JUN 18 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Mark Eschinger

Signed
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevala 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.