

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13025**

BIRTH NO. FILED **MAY 11 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **49**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY OR TOWN <u>Ray - Richmond</u> c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY OR TOWN <u>Rayville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 miles NE Richmond</u>		e. STREET ADDRESS (If rural, give location) <u>1/2 mile E Rayville</u>				
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LADYS</u> b. (Middle) <u>Lilly</u> c. (Last) <u>FORHAM</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 4, 1954</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>January 24, 1904</u>	<b>9. AGE</b> (In years last birthday) <u>53</u>	UNDER 1 YEAR: Months <u>3</u> Days <u>10</u>	IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housekeeping</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ray County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>John Johnson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Arnette Brown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>James G. Johnson</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>James G. Johnson, Rayville, Missouri</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
DUE TO (b) <u>primary ca. of breast</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
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				
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>170 X</u>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>2-2-54</u> <b>19</b> , to <u>5-7-54</u> <b>19</b> , that I last saw the deceased after on <u>5-3-54</u> <b>19</b> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.						
<b>23. SIGNATURE</b> (Degree or title) <u>C. L. Davault M.D.</u>		<b>23b. ADDRESS</b> <u>M. R. L. Chapman, Mo.</u>		<b>23c. DATE SIGNED</b> <u>5-8-54</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>May 6, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Belt Cemetery, Ray County, Missouri</u>		
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ray County, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Quest-Like Funeral Home, Rayville, Missouri</u>				
<b>DATE REC'D BY LOCAL REG.</b> <u>May 8, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Malcol Jackson</u>		<b>ADDRESS</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

---

---

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 *[Signature]* .....

Licensed Embalmer No. *400*.....

P. O. Address *Richmond*.....

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.