

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18672**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **663**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived... If institution, residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2916 Felix Street		d. STREET ADDRESS (If rural, give location) 2916 Felix Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Lulu	b. (Middle) *	c. (Last) McNamee	4. DATE OF DEATH (Month) June (Day) 12 (Year) 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1870	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 5 IF UNDER 11 HRS. Days 1 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) A mazonia Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Frank Lyle	13b. MOTHER'S MAIDEN NAME Jane Caprés	14. NAME OF HUSBAND OR WIFE Rev. Hastings McNamee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. not given	17. INFORMANT'S SIGNATURE OR NAME Walter Lyle ADDRESS R.R.#2
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Woman died suddenly in her home while preparing to retire. She has had recurrent serious illness or disability other than an occasional attack of acute indigestion		

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) June 12 49 12:30 A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I ~~examined~~ ^{viewed} the deceased from **on 6/12**, 19**49**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE H. J. Mundy M.D. (Coroner)	(Degree or title)	23b. ADDRESS St. Joseph, Mo., 404 So 3d St	23c. DATE SIGNED 6/12/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 14, 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. June 16, 1949	REGISTRAR'S SIGNATURE 387 16 L. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman ADDRESS Funeral 319 d. 10th St. St. Joseph, Mo.
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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
Student Embalmer

Signed William Spaulding

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St. Fargo

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.