

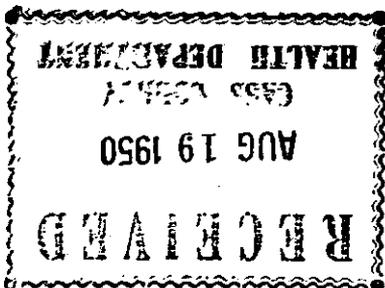
FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26289**

BIRTH NO. _____		REG. DIST. NO. <b>3</b>		PRIMARY REG. DIST. NO. <b>4099</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hill, Mo</b>		c. LENGTH OF STAY (In this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hill, Mo. 0190</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 7 north side</b>				d. STREET ADDRESS (If rural, give location) <b>Highway 7 north side 1870</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LULU</b>		b. (Middle) <b>MAY</b>		c. (Last) <b>KIMBRELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 1950</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 27, 1870</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>		11. BIRTHPLACE (State or foreign country) <b>Pleasant Hill, Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Watson Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Channey</b>		14. NAME OF HUSBAND OR WIFE <b>W. L. Kimbrell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>L</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>L</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Dick Brown Harrisonville, MO.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>  <b>10 yrs</b>  <b>331X</b>	
19a. DATE OF OPERATION <b>L</b>		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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>8-10, 1950</b> to <b>8-12, 1950</b> , that I last saw the deceased alive on <b>8-12, 1950</b> , and that death occurred at <b>10:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Pleasant Hill, Mo</b>		23c. DATE SIGNED <b>8-14-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug. 14, 1950</b>		REGISTRAR'S SIGNATURE <b>Laura J. Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownfield</b>		ADDRESS <b>Pleasant Hill Mo.</b>	

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 \_\_\_\_\_

*By me* ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Allen Bradford* .....

Licensed Embalmer No. *3785* .....

P. O. Address *Pleasant Hill* .....

-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.