

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13130

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		0551	
d. FULL NAME OF HOSPITAL OR INSTITUTION 134 W. Pleasant St.				d. STREET ADDRESS (If rural, give location) 134 W. Pleasant			
3. NAME OF DECEASED (Type or Print) Lulu Harriet Bacus			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 27, 1888	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Jim Hensley			13b. MOTHER'S MAIDEN NAME Matilda Hensley			14. NAME OF HUSBAND OR WIFE Creed Bacus (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state year or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clara Hensley, Newton, Kan.			
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) Heart Failure 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. Intense Sclerosis, Bronchial asthma, Hypertension				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 447X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 23, 1957, to April 26, 1957, that I last saw the deceased alive on April 26, 1957, and that death occurred at 7:05 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Milton A. Davis, D.O.				23b. ADDRESS Aurora, Mo.		23c. DATE SIGNED 4/28/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/57		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora, Mo.	
DATE REC'D BY LOCAL REG. Apr. 28-57		REGISTRAR'S SIGNATURE Ora Mc Natt 157		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Oscar L. March, Aurora			

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 451-938

Date Filed 4-30-51

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 Gene H. Parrent

Signed.....
Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Merara, 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.