

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12466**

FILED APR 18 1952

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5355** Registrar's No. **250**

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

1. PLACE OF DEATH a. COUNTY DALLAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONWAY RR2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conway RR2	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 0327	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) LULIA BEULAH	b. (Middle) PITTS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4 7 1952
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5. SEX Female	6. COLOR, OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-7-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4 Days 0 Hours 0 Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Wright	13b. MOTHER'S MAIDEN NAME Susan Hedgepeth	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs May Sam R2	ADDRESS Conway
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatism + Arthritis		
	DUE TO (c)		
11. 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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 attended the deceased from **Jan 1, 1951**, to **4-7, 1952**, that I last saw the deceased alive on **3-29-1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Lindsay O.	(Degree or title)	23b. ADDRESS Conway Mo	23c. DATE SIGNED 4-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-9-1952	24c. NAME OF CEMETERY OR CREMATORY Graves	24d. LOCATION (City, town, or county) (State) Conway Mo
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DATE REC'D BY LOCAL REG. 4-14-52	REGISTRAR'S SIGNATURE Mrs Grace Peter R B	25. FUNERAL DIRECTOR'S SIGNATURE R B Jones	ADDRESS Buffalo Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Leonard B. Jones

Licensed Embalmer No. *2508*

P. O. Address *Buffalo, N.Y.*

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.