

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21512**

BIRTH NO. _____		REG. DIST. NO. <b>290</b>		PRIMARY REG. DIST. NO. <b>5987</b>		Registrar's No. <b>75</b>	
1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rural Union</b> )		c. LENGTH OF STAY (in this place) township _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>8850</b> OR TOWN <b>Rural Union</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lula</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Hance</b>	
4. DATE OF DEATH		(Month) <b>6</b>		(Day) <b>9</b>		(Year) <b>1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8/12/1891</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>17</b>		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Tyler</b>			13b. MOTHER'S MAIDEN NAME <b>Emaline Null</b>			14. NAME OF HUSBAND OR WIFE <b>Albert Hance</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Albert Hance, Dixon, Missouri</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  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.					INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>					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)		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 <b>June 9, 1952</b> , to <b>June 9, 1952</b> , that I last saw the deceased alive on <b>June 9, 1952</b> , and that death occurred at <b>10 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Albert Hance</b> (Degree or title) <b>D. O. 2</b>				23b. ADDRESS <b>Dixon, Missouri</b>		23c. DATE SIGNED <b>June 12, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 12, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tyler Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Miller County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-12-52</b>		REGISTRAR'S SIGNATURE <b>Lula Mae Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred H. Gilbert, Dixon, Missouri</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
6-12-52  
Pulaski County Health Officer  
File Number  
Date Filed 6-21-52

1952 JUN 11 10 51 AM

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

June 9, 1952  
working under my personal supervision.

Student Embalmer No.....

Signed Maurice E. Scherbaum

Signed.....  
Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.