U.S. No. 300
Rev. 10.48

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

FILED AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28398

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 328

1. PLACE OF DEATH
a. COUNTY JACKSON 0485
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INDEPENDENCE
c. LENGTH OF STAY (in this place) OVER 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RESIDENCE, 809½ W. KANSAS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON 0700
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INDEPENDENCE
d. STREET ADDRESS (If rural, give location) 809½ W. KANSAS

3. NAME OF DECEASED (Type or Print)
a. (First) MAUD
b. (Middle) L.
c. (Last) LUM

4. DATE OF DEATH (Month) AUG (Day) 14 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEBR. 10 1870
9. AGE (In years last birthday) 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) HARTFORD VERMONT
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ELISHA J. CULVER
13b. MOTHER'S MAIDEN NAME OCTAVA DEXTER
14. NAME OF HUSBAND OR WIFE No Record Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MRS. SUE BOGUE — ADDRESS KEARNEY MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — 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) _____
DUE TO (c) _____

II. 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 4200
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Hugh H. Owens Coroner
23b. ADDRESS 1034 Rialto Bldg
23c. DATE SIGNED 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE AUG. 18 1952
24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY
24d. LOCATION (City, town, or county) (State) INDEPENDENCE JACKSON MO

DATE REC'D BY LOCAL REG. 8-18-52
REGISTRAR'S SIGNATURE James L. Craig 354
25. FUNERAL DIRECTOR'S SIGNATURE H W Stahl
ADDRESS Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 REC'D

SEP 8 1952

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 Body Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed R. A. Linder

Licensed Embalmer No. 4123

P. O. Address Indep. 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.