

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

U.S. No. 300
REV. 10-48

1952 OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1041

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>1yr. 2mo. 5days</u>		d. STREET ADDRESS (If rural, give location) <u>2009 Mitchell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkview Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u> b. (Middle) _____ c. (Last) <u>Fore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 30, 1952</u>	
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5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>August 3, 1880</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Amity, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Andrew Hanna</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maxine McCord, Osborn, Missouri</u>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis</u>		<u>over 1 yr</u>	
		ANTECEDENT CAUSES		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 <u>331x</u>		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 9-30-52, 199 to 30-52, 199, that I last saw the deceased alive on 9-30-52, 199, and that death occurred at 6:25p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>218 North 7th Street</u>		23c. DATE SIGNED <u>10-2-52</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/5/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. J.

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.