

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10764**

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 1 Granby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby Township 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home #1 Granby		d. STREET ADDRESS (If rural, give location) Route # 1	
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Mae c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1880
9. AGE (In years last birthday) 72		# UNDER 1 YEAR 9	# UNDER 12 Hrs. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home Industry Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Boone County Ark,
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Slagle		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Clinton Charlton
ADDRESS Granby			
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) Leukemia 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. Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2044	
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 <u>11-23-1952</u> to <u>3-4-1953</u> , that I last saw the deceased alive on <u>3-1-1953</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Melvin M. Cullough		23b. ADDRESS 222 N. BK Bldg. Neosho	23c. DATE SIGNED 3-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-53	24c. NAME OF CEMETERY OR CREMATORY Granby Cemetery	24d. LOCATION (City, town, or county) (State) Granby, Missouri
DATE REC'D BY LOCAL REG. Mar. 17 1953	REGISTRAR'S SIGNATURE M. L. Young	225 0	25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary
ADDRESS Neosho			

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

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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District Embalmer No. 353-66
Date Filed MAR 31 1953

NEOSHO, MISSOURI

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 Jesse P. Sullivan, Jr.
Licensed Embalmer No. 4646

P. O. Address Neosho, 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.