No. 300
10-48

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14925

BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 5685 Registrar's No. 4-1453

580
1

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

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chula-Rural-Jackson
c. LENGTH OF STAY (In this place) 79 Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 mi S.E. Laredo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chula-Rural-Jackson 0580
d. STREET ADDRESS (If rural, give location) 8 mi S.E. Laredo

3. NAME OF DECEASED (Type or Print)
a. (First) Lula
b. (Middle) May
c. (Last) Smith

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 10 1887
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 3 Days 26 — IF UNDER 24 HRS. Hours Min.

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
11. BIRTHPLACE (City and State or Foreign Country) Sullivan County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Pruitt Purdin
13b. MOTHER'S MAIDEN NAME Laura Browning
14. NAME OF HUSBAND OR WIFE Albert S. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Orval Smith ADDRESS Chula 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) Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension, essential.
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☐

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) 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* July, 1952, *to* May 6, 1953, *that I last saw the deceased alive on* May 6, 1953 *and that death occurred at* 11:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard Carter M.D.
23b. ADDRESS Browning, Mo.
23c. DATE SIGNED May 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 8 1953
24c. NAME OF CEMETERY OR CREMATORY Haseville Cemetery
24d. LOCATION (City, town, or county) Humphreys (State) Mo

DATE REC'D BY LOCAL REG. May 8, 1953
REGISTRAR'S SIGNATURE Elva Cookshank
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson Funeral Home ADDRESS Laredo Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1953

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.