

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20620**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **97**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Andrew | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico | | c. LENGTH OF STAY (in this place) 7 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia 0100 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Andrew County Hospital | | | | d. STREET ADDRESS (If rural, give location) N. Hickman st. 7 | | | | | |
| 3. NAME OF DECEASED (Type or Print) Lula | | a. (First) | | b. (Middle) Maudie | | c. (Last) Yount | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) June-15-1953 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | | |
| 8. DATE OF BIRTH March-9-1875 | | 9. AGE (in years last birthday) 78 | | 10. MONTHS 3 | | 11. DAYS 6 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | | 11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME John A. Foree | | 13b. MOTHER'S M maiden name Malvina Jane Thompson | | 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 ADDRESS John R. Yount, Centralia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Nephritis | | | | DUE TO (b) Arteriosclerosis | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | 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 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1500 | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 April 1953 , to 6-15, 1953 , that I last saw the deceased alive on 6-15, 1953 , and that death occurred at 3 P. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE J. Frank Jolley (Degree or title) | | | | 23b. ADDRESS Mexico, Mo. | | 23c. DATE SIGNED 6/15/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June-17-1953 | | 24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery | | 24d. LOCATION (City, town, or county) (State) Centralia, Missouri | | | |
| DATE REC'D BY LOCAL REG. June 15-1953 | | REGISTRAR'S SIGNATURE Blanche Kelly | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul B. Ballou - Centralia, Mo. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1953

JUL 23 1953

JUL 23 1953

SUN 29 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 Paul J. Ballou

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.