

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38281

State File No. \_\_\_\_\_  
Registrar's No. 1263

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 22 years		d. STREET ADDRESS (If rural, give location) 1012 Faraon St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1012 Faraon St.			

3. NAME OF DECEASED (Type or Print) Lucie	a. (First)	b. (Middle) Champ	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) December 7, 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH January 1, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Willisca, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gilbert Pulver	13b. MOTHER'S MAIDEN NAME Sophia Roulard	14. NAME OF HUSBAND OR WIFE Elmer E.
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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 Mr. Harry P. Champ, Savannah, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 MIN.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERAL 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"/>
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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) m.	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 12/7/53, 19\_\_, to 12/7/53, 19\_\_, that I last saw the deceased alive on 12/7/53, 19\_\_, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Date or title) <i>W. W. Parke M.D.</i>	23b. ADDRESS 706 FRANCIS, ST. JOSEPH, Mo.	23c. DATE SIGNED 12/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/9/1953	24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	24d. LOCATION (City, town, or county) (State) Creston, Iowa
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DATE REC'D BY LOCAL REG. Dec 9, 1953	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i> 485	25. FUNERAL DIRECTOR'S SIGNATURE <i>Newton Brownson</i> ADDRESS <i>St. Joseph</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. E. Emmerston

Licensed Embalmer No. 4791

P. O. Address 315 So. W. St. Joseph, 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.