

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11128

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4025		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY OR TOWN Wheaton		c. LENGTH OF STAY (in this place) 10 Day		c. CITY OR TOWN Rocky Comfort		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Lutecia b. (Middle) Ann c. (Last) Black			4. DATE OF DEATH (Month) (Day) (Year) May 2 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 8 1893		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 3 Days 24	IF UNDER 2 WKS. 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 Domestic		11. BIRTHPLACE (City and State or Foreign Country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Darel Hanlon		13b. MOTHER'S MAIDEN NAME Arena Bowre		14. NAME OF HUSBAND OR WIFE Charles E. Black			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Perry Utter Rocky Comfort, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. 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) CORONARY thrombosis 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 10 min. 11 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 4/22, 1954, to 5/2, 1954, that I last saw the deceased alive on 5/2, 1954, and that death occurred at 3:08 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Fred R. Clark D.D.				23b. ADDRESS Wheaton, Missouri		23c. DATE SIGNED 5/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-5-54	24c. NAME OF CEMETERY OR CREMATORY Hamilton Cem		24d. LOCATION (City, town, or county) (State) Hamilton, Kansas.		
DATE REC'D BY LOCAL REG. May 3-1954		REGISTRAR'S SIGNATURE Grace Williams 10-2		25. FUNERAL DIRECTOR'S SIGNATURE W. Marriot Wheaton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 554-32

DATE REC. 5-10-54

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 Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.