

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15046**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **335**

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne		
b. CITY OR TOWN Saplar Bluff		c. LENGTH OF STAY (in this place) 6 mos.	c. CITY OR TOWN Greenville		1110
d. FULL NAME OF HOSPITAL OR INSTITUTION Saplar Bluff Hospital			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) Lula Belle Clay		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5-25-54
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH Jan. 27, 1880	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Saral Gap, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Myers		13b. MOTHER'S MAIDEN NAME Jane Myers		13c. NAME OF HUSBAND OR WIFE George H. Clay	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bertha Sue Cox ADDRESS 2131 Cass Ave. St. Louis, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laying in bed for DUE TO (c) fractured leg.				INTERVAL BETWEEN ONSET AND 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 011		
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 4-27 , 1954, to 5-25 , 1954, that I last saw the deceased alive on 5-25 , 1954, and that death occurred at 8:25 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. Harrison M.D. (Degree or title)			23b. ADDRESS Saplar Bluff, Missouri		23c. DATE SIGNED 6/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-54	24c. NAME OF CEMETERY OR CREMATORY Greenville	24d. LOCATION (City, town, or county) (State) Greenville, Mo.	
DATE REC'D. BY LOCAL REG. 6/4/54		REGISTRAR'S SIGNATURE R.H. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. Bowler ADDRESS Greenville, Mo.		

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

RECEIVED

JUN . 7 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Maurice Bowles* _____

Licensed Embalmer No. *4426* _____

P. O. Address *Dickinson* _____

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.