

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12297

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence RFD Prarie		c. LENGTH OF STAY (in this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs		7000	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson Co Hospital				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Lee c. (Last) Mc Graw			4. DATE OF DEATH (Month) (Day) (Year) April 28 55				
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 25 1882		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY O.A.P		11. BIRTHPLACE (State or foreign country) Centerton Iowa Ark /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Gamble		13b. MOTHER'S MAIDEN NAME Catherine Copeland		14. NAME OF HUSBAND OR WIFE W.F. MC Graw			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Bud Mc Graw		ADDRESS Blue Springs 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Cancer of Breast 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		170 X	
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 19__ to ____, 19__, that I last saw the deceased alive on 4-27, 1955, and that death occurred at 8:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul Westman M.D.				23b. ADDRESS John Catzberg		23c. DATE SIGNED 4-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-55	24c. NAME OF CEMETERY OR CREMATORY Brown Cem		24d. LOCATION (City, town, or county) (State) Oak Grove Mo		
DATE REC'D BY LOCAL REG 4-30-55		REGISTRAR'S SIGNATURE N.B. Longford		25. FUNERAL DIRECTOR'S SIGNATURE Webb		ADDRESS Home Blue Springs Mo	

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 R. B. Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 2

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.