

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12742

State File No.

No. 300
10.48

FILED APR 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>78</u>			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANBY</u>		c. LENGTH OF STAY (In this place) <u>35 hours</u>		c. CITY OR TOWN <u>FAIRVIEW</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY COMMUNITY Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0730</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>V.</u> c. (Last) <u>LULAI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 1 1955</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>12-31-1884</u>			
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housew. Ind.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AURORA MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ANDY McDONALD</u>			13b. MOTHER'S MAIDEN NAME <u>UNK</u>			14. NAME OF HUSBAND OR WIFE <u>LEONARD LULAI</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Ridenour</u>		ADDRESS <u>FAIRVIEW MISSOURI</u>			
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) <u>Atherosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Over 1 yr</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4200</u>				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 <u>8/30</u> <u>1955</u> , to <u>4/1</u> <u>1955</u> , that I last saw the deceased alive on <u>4/1</u> <u>1955</u> , and that death occurred at <u>6:45a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles O. Christy 2 D.O.</u>				23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>4/2/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>AURORA MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Apr 3, 55</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Stewart</u>		ADDRESS <u>Granby, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

130
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 455-72
Date Filed 4-15-55

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Signed Floyd E. Stewman Jr.
Licensed Embalmer No. 492
Box 58
P. O. Address Granby, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.