

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22600

FILED JUL 18 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>41 yrs</b>		STREET ADDRESS (If rural, give location) <b>500 Orchard St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>500 Orchard St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucile</b> b. (Middle) _____ c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 6, 1913</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homes</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carthage, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Hardy</b>	13b. MOTHER'S MAIDEN NAME <b>Della Littington</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Melba Davis</b> ADDRESS <b>Carthage, Mo.</b>

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>D. Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2. Edema of both lungs</b> <b>3. Pharyngitis between pleurae &amp; pericardium</b> DUE TO (c) <b>4. Chronic pleuritis. 4201</b>		
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 <b>- No evidence of strychnine in stomach -</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Carthage Jasper Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>

22. I hereby certify that I attended the deceased from Wed not attend., 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wendell Tommy Jasper County Justice of the Peace</b>	23b. ADDRESS <b>318 North 1st St. Carthage, Mo.</b>	23c. DATE SIGNED <b>6/30/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>

DATE REC'D BY LOCAL REG. <b>7-7-55</b>	REGISTRAR'S SIGNATURE <b>W. H. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b> ADDRESS <b>Carthage, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

County File Number  
Date Filed  
JUL 14 1955  
85-11-410

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 *William A. Fulk*

Licensed Embalmer No. *462*

P. O. Address *Carters*

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.