

FILED AUG 6 - 1956

STANDARD CERTIFICATE OF DEATH

22880

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 804

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Joseph</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u> | | | Length of stay in 1b <u>60 yrs</u> | | d. STREET ADDRESS (If outside, give location) <u>903 W. Cliff St.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Lulu</u> Middle <u>Lee</u> Last <u>Hawk</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1956</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-26-1882</u> | 9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Axtell Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Charles Lee</u> | | | 14. MOTHER'S MAIDEN NAME <u>Fannie ?</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>John Hawk St. Joseph, Mo</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) _____ DUE TO (c) _____ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u> | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>6/7/51</u> to <u>7/25/56</u> and last saw her her <u>her</u> alive on <u>7/24/56</u> Death occurred at <u>7:30 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Orville Craig MD.</u> | | | 22b. ADDRESS <u>Tootle Building St. Joseph, Mo.</u> | | 22c. DATE SIGNED <u>7/26/56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7/28/56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u> |
| 24. FUNERAL DIRECTOR <u>John E. Repp</u> | | ADDRESS <u>St. Joseph, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>July 30, 1956</u> | 26. REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Alvin E. Bagan*.....

Licensed Embalmer No. *479*

P. O. Address *St. Joseph*

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.