Health, Welfare Public Service

300 2
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29631
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada State Hosp — Length of stay in Ib: 1-30

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora 0551 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 202 E College — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Loula Middle: Edna Last: Botts
4. DATE OF DEATH: Month 9 Day 4 Year 1956
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5-20-1868
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 9 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Unknown Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William C. Hulston
14. MOTHER'S MAIDEN NAME: Nancy Kirby
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Glen Pepper Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH: Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis — Yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senile Dementia 4261
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-5-56, to 9-4-56 and last saw her ~~him~~ alive on 9-4-56
Death occurred at 5:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: Nevada Mo
22c. DATE SIGNED: 9-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/6/56
23c. NAME OF CEMETERY OR CREMATORY: Maple Park
23d. LOCATION (City, town, or county) (State): Aurora, Mo
24. FUNERAL DIRECTOR ADDRESS: Arnold-Wood Funeral Home, Aurora, Mo
25. DATE RECD. BY LOCAL REG.: 9-7-1956
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. Angles Ferry.....

Licensed Embalmer No. 496..

P. O. Address. Nevada...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.