No. 300
10.48

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

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 648

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL – LIBERTY, MO.
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLAY COUNTY HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: EXCELSIOR SPRINGS
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 319 OLD ORCHARD

3. NAME OF DECEASED (Type or Print)
a. (First): CARRIE
b. (Middle): E.
c. (Last): LLAFET

4. DATE OF DEATH (Month) (Day) (Year): JAN. 3 1957

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 11-2-1883
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): CLAY COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES G. WEAR
13b. MOTHER'S MAIDEN NAME: LOUISA COATES
14. NAME OF HUSBAND OR WIFE: JOSEPH LLAFET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. GENE NALLY, EXCELSIOR 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sev. days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — sev. yrs.
DUE TO (c) arteriosclerosis — unknown

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 331 x
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/28, 19 56, *to* 1/3, 19 57, *that I last saw the deceased alive on* 1/3/57, 19____, *and that death occurred at* 7:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE L. M. Graham (Degree or title) M. D.
23b. ADDRESS Excelsior Springs, Mo.
23c. DATE SIGNED 1/9/57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 1-3-57
24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL
24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, MO.

DATE REC'D BY LOCAL REG.: 1-14-57
REGISTRAR'S SIGNATURE: Mabel Graham
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Prichard Funeral Home, Inc. Excelsior Springs, Missouri
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 24 1956
CLAY CO.
HEALTH CENTER

JAN 30 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Landingham

Licensed Embalmer No. 4005

P. O. Address Excelsior Springs, Mo.

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