

FILED DEC 9- 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40961

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LEXINGTON</u>				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>HIGGINSVILLE</u> <u>054</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>MEMORIAL HOSPITAL</u>				Length of stay in lb <u>9 days</u>		d. STREET ADDRESS (If outside, give location) <u>SHELBY AT 29TH ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>LOTTIE</u> Middle <u>BELLE</u> Last <u>BRYANT</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>21</u> Year <u>1957</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>MARCH 20 1887</u> <u>70</u>	
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>own home</u>		11. BIRTHPLACE (City and state or country) <u>PETTIS COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN McFATRICH</u>				14. MOTHER'S MAIDEN NAME <u>AMANDA ? (unknown)</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>same</u>		17. INFORMANT Address <u>MRS. GOLDIE MOORE HIGGINSVILLE 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>Pulmonary Eclampsia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Influenza</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>Several days</u>	
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 <u>Aug. 1, 1952</u> to <u>Nov. 21, 1957</u> and last saw her/him alive on <u>Nov. 20, 1957</u> . Death occurred at <u>1:22 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wilbur E. F. Johnson</u>				22b. ADDRESS <u>Higginsville Mo.</u>		22c. DATE SIGNED <u>11-26-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV. 23 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ABEL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PETTIS COUNTY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>W. G. Haden</u>		ADDRESS <u>HIGGINSVILLE MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-57</u>		26. REGISTRAR'S SIGNATURE <u>Marion E. Eastbrook</u>	

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 Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Va.

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.