

Dr. Halcomb
FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41327

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>194</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY OR TOWN <u>Haystack</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Steele</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula Jane</u> b. (Middle) <u>McNabb</u> c. (Last) <u>Juniper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-2-57</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-9-1881</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTH <u>6</u>	11. DAY <u>23</u>	12. HOURS <u>11:00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Co. Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jim Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>LT Juniper Steele</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Zora Schumy</u> ADDRESS <u>Steele Rt 3</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>uremia</u>					
		DUE TO (c) <u>Hypertensive Vascular Disease</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 1957, to <u>Oct.</u> , 1957, that I last saw the deceased alive on <u>Nov. 2</u> , 1957, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David E. Halcomb, M.D.</u>			23b. ADDRESS <u>117 N. Walnut, Steele, Mo.</u>			23c. DATE SIGNED <u>11/5/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>		
DATE RECD BY LOCAL REG. <u>11-9-57</u>		REGISTRAR'S SIGNATURE <u>Johann Korman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bernon Lecht Co</u> ADDRESS <u>Steele Mo</u>			

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

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11-331-57

NOV 19 1957

FERNBROT-COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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
Student Embalmer

Signed *Robert M. Travis* _____

Licensed Embalmer No. 4732

P. O. Address Debb. Mo.

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 this body is not embalmed, fact should be so stated above.