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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 FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1675

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks — Length of stay in Ib 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carterville — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 604 E. Main (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lulu Middle G. Last Clay

4. DATE OF DEATH Month Jan. Day 25 Year 1958

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH July 30, 1886 **9. AGE** (In years last birthday) 71 — 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) housewife **10b. KIND OF BUSINESS OR INDUSTRY** home

11. BIRTHPLACE (City and state or country) California, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME Henry Walser

14. MOTHER'S MAIDEN NAME Ellen Penninger

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 Address Miss Margaret Clay, Springfield, Mo.

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) Nephritis with resulted Anuria — INTERVAL BETWEEN ONSET AND DEATH: 11 Days (Anuria)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix and or
DUE TO (c) Roentgen Therapy — 2½ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 171X

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 10-1-46 to 1-25-58 and last saw her/him alive on 1-25-58
Death occurred at 2:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. **22b. ADDRESS** Carthage, Mo. **22c. DATE SIGNED** 1/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Jan. 27, 1958 **23c. NAME OF CEMETERY OR CREMATORY** Ozark Memorial **23d. LOCATION** (City, town, or county) Joplin (State) Mo.

24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo. **ADDRESS** **25. DATE RECD. BY LOCAL REG.** Jan 27, 1958 **26. REGISTRAR'S SIGNATURE** Ell Clinton

(Licensed Embalmer's Statement on Reverse Side)

County File Number

Date Filed FEB 10 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin C. Elmer

Licensed Embalmer No.

P. O. Address Carthage

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