Health, & Welfare Public Service

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023284
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6354

1. PLACE OF DEATH a. COUNTY St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis, Missouri — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Kansas City, Mo. 20090 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Masonic Home of Mo. — Length of stay in 1b 1/22/55	d. STREET ADDRESS (If outside, give location) 1400 Linwood Blvd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Lucy	Middle:	Last: Findlay	4. DATE OF DEATH Month 6 Day 21 Year 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 7-31-1869	9. AGE (In years last birthday): 88 — 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): House Wife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Keytesville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wm. M. Bocke		14. MOTHER'S MAIDEN NAME: Mary Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Masonic Home of Missouri 5351 Delmar Blvd		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia, Terminal	3 days
DUE TO (b)	Fractures of left hip, humerus	15 days
DUE TO (c)	E903.7	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 44

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Slipped and fell
20c. TIME OF INJURY Hour a.m. Month, Day, Year: 12:00 Noon 6 - 6 - 58	
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.) Dining room of Masonic Home, St.Louis — 20f. CITY, TOWN, OR LOCATION COUNTY STATE Mo.

21. I attended the deceased from 6-6-58, to 6-21-58 and last saw her/him alive on 6-21-1958

Death occurred at 4:25 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E. Walters MD.	22b. ADDRESS: 3720 Washington St. Louis Mo	22c. DATE SIGNED: 6-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 6/23/58	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
23d. LOCATION (City, town, or county) (State): St.Louis Co.Missouri		
24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Bl	25. DATE RECD. BY LOCAL REG.: JUN 23 '58	26. REGISTRAR'S SIGNATURE: Carl Smith MD

(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 em

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Jos. E McCulloh

Licensed Embalmer No. 24

P. O. Address 6175 D

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.