

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024937

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 75

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S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Play</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smithville Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Jefferson City, Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Smithville Community Hosp.</b>		Length of stay in 1b <b>3 Days</b>	d. STREET ADDRESS (If outside, give location) <b>NONE</b>
3. NAME OF DECEASED (Type or print) First <b>Lula</b> Middle <b>L</b> Last <b>Hord</b>		4. DATE OF DEATH Month <b>July</b> Day <b>1</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 23, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	9. AGE (In years last birthday) <b>82</b>
11. BIRTHPLACE (City and state or country) <b>Platte County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Merrett L Newby</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Amney Layton</b>	
14. NAME OF HUSBAND OR WIFE <b>A. M. Hord</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>498-18-6694</b>		17. INFORMANT Address <b>Lucile Hord Jefferson City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatic Coma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>metastatic melanoma of the liver</b>			<b>3 mos</b>
DUE TO (c) <b>preexistent melanoma left</b>			<b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <b>192X</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>June 20, 1958</b> and last saw <u>her</u> alive on <b>July 1, 1958</b> Death occurred at <b>9:30</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. C. ...</b> (Degree or title)		22b. ADDRESS <b>Platte City, Mo.</b>	
22c. DATE SIGNED <b>7/2/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 1, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Platte City, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Platte City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Rollins &amp; Mitchell</b>		25. DATE RECD. BY LOCAL REG. <b>7-3-58</b>	
ADDRESS <b>Platte City, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Marguerite Anderson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 23 1958



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 *Roland M. Giffey* .....

Licensed Embalmer No. *4725* .....

P. O. Address *Platte City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.