MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=000160
STATE FILE NUMBER

FILED VS FEB 7 1961 AMENDED

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville
Length of stay in 1b 27 Days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Bollinger
c. CITY OR TOWN Lutesville
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) None
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lucy Middle B Last Francis
4. DATE OF DEATH Month JAN. Day 29 Year 1961
5. SEX F.
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 12-24-1884
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months 1 Days 3
IF UNDER 24 HR 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 ✓
11. BIRTHPLACE (City and state or country) Marquand, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Raleigh Whitener
13b. MOTHER'S MAIDEN NAME Elizabeth Long
14. NAME OF HUSBAND OR WIFE Deceased
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.
17. INFORMANT Mrs. Leslie Choate, Address Lutesville, 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) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio vascular renal disease
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 4/6/60 to 1/29/61 and last saw her alive on 1/29/61
Death occurred at 5:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Myers (Degree or title) MD
22b. ADDRESS Lutesville Mo
22c. DATE SIGNED 2/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 1, 1961
23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery
23d. LOCATION (City, town, or county) Lutesville (State) Mo.

24. FUNERAL DIRECTOR Baker Funeral Home, ADDRESS Lutesville, Mo.
25. DATE RECD. BY LOCAL REG. 2-4-61
26. REGISTRAR'S SIGNATURE Mrs. Buford Craden

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed J. E. Graham

Signature of Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, M

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.