

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029843

STATE FILE NUMBER

369

4509

5

Registration District No. 369 Primary Registration District No. 4509 Registrar's No. 5

FILED JUL 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 1110				
2 1110				
3				
4 1				
5 1				
6				
7 1				
8 2				
9 154X				
10				
11				
12 90-0				
13 1-0				
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ			

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Williamsville</b>		Length of stay in 1b <b>40yr.</b>	c. CITY OR TOWN <b>Williamsville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lula Lougene Bratton</b>			4. DATE OF DEATH Month Day Year <b>July 10 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 1 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (last birthday) Months Days Hours Min. <b>76 6 9</b>
11. BIRTHPLACE (City and state or country) <b>Great Spring, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Richard Lundy</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Sims</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>None</b>	
17. INFORMANT <b>Mrs. Helen Wormock Williamsville, Mo.</b>		Address	
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>Cancer of Rectum</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>with generalized extension</b> DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <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>4/23/62</b> to <b>7/10/62</b> and last saw her alive on <b>5/1/62</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. E. Kipley MD</b>		22b. ADDRESS <b>Knecht Clinic Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>7-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-12-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holiday Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Williamsville, Mo.</b>
24. FUNERAL DIRECTOR <b>William Coder Redmont, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-16-62</b>	26. REGISTRAR'S SIGNATURE <b>Sheila Loulace</b>

JUL 26 1962

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 Coder Funeral Home, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.

W. Coder