

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9592

State File No.

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 92

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Wich-Mo. Hwy Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wich</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wich</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>B</u> c. (Last) <u>BEATK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 25-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-5-1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Near Clinton, Hwy Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Phillip Moore</u>		13b. MOTHER'S MAIDEN NAME <u>May Crosswhite</u>		14. NAME OF HUSBAND OR WIFE <u>J. J. Beatk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. J. Beatk</u>		ADDRESS <u>Wich, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>181X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 21</u> <u>2 31</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>act 1952, Carcinoma Bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1952</u> , to <u>3-25, 1953</u> , that I last saw the deceased alive on <u>3-23, 1953</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Walker</u> (Degree or title) <u>24. D</u>			23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>3-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mo. 26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wich Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wich, Hwy Co MO</u>		
DATE REC'D BY LOCAL REG. <u>Mar-26-53</u>	REGISTRAR'S SIGNATURE <u>Florence</u>	4 <u>Edgar W. J. Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wich, Mo</u>		

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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
Student Embalmer

Signed R. R. Kenney.....

Licensed Embalmer No. 3099.....

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.