

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED MAY 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>137</u>	PRIMARY REG. DIST. NO. <u>4218</u>	Registrar's No. <u>64</u>
1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leeton,</u>		
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>Leeton,</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View Rest Home,</u>		e. 510 /		
3. NAME OF DECEASED a. (First) <u>LULA</u>		b. (Middle) <u>ABINGTON</u>		c. (Last) <u>PERRY</u>
4. DATE OF DEATH <u>May 11th, 1955</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow,</u>		8. DATE OF BIRTH <u>October 27, 1872</u>
9. AGE (In years, last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Griffin G. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Widow,</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.H. Abington, Leeton, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>Leeton, Johnson, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Jan 15, 1955</u> , to <u>5-11, 1955</u> , that I last saw the deceased alive on <u>5-11, 1955</u> , and that death occurred at <u>5:00P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Kay B. Jordan</u>		23b. ADDRESS (Degree or title) <u>M.D. Windsor, Missouri</u>		23c. DATE SIGNED <u>5-13-1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loral Oak Cemetery, Windsor, Missouri</u>
24d. LOCATION (City, town, or county) (State) _____		24e. NAME OF CEMETERY OR CREMATORY _____		24f. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>May-16-55</u>		REGISTRAR'S SIGNATURE <u>Florena Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Braunigger, Warrensburg, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 RA Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.