

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**66 0028239**

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 230

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 8 1966

VS 300  
Rev. 4/59

1 0425

2 0425

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>50 Years</b>	c. CITY OR TOWN <b>Clinton</b>
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>501 North 3rd.</b>
3. NAME OF DECEASED (Type or print) <b>Lula May Maynor</b>		4. DATE OF DEATH Month <b>8</b> Day <b>3</b> Year <b>1966</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"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-19-86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of year, or when if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (City and state or country) <b>Council Groves Kansas</b>
13a. FATHER'S NAME <b>Charles Harrison</b>		13b. MOTHER'S MAIDEN NAME <b>Lula May Sorter</b>	14. NAME OF HUSBAND OR WIFE <b>James C. Manor</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Leroy Streiby, Clinton, 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>cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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
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 <u>1960</u> to <u>8-3-66</u> and last saw her <sup>her</sup> alive on <u>8-1-66</u> Death occurred at <u>10 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>		22b. ADDRESS <b>Clinton, Mo</b>	22c. DATE SIGNED <b>8-5-66</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-6-1966</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	23d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>
24. FUNERAL DIRECTOR <b>Cossaher Clinton, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Aug 5-1966</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Biguno</b>

USE BLACK INK

OR TYPEWRITER RIBBON

**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 J E Consalus

Licensed Embalmer No. 1891

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 8-5-66 MB