

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30492

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 339	
1. PLACE OF DEATH a. COUNTY Jackson 0485 b. CITY (If outside corporate limits, write RURAL and give town) Independence c. LENGTH OF STAY (in this place) 3 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 119 S. Pendleton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 0485 c. CITY (If outside corporate limits, write RURAL and give township) Independence 0 d. STREET ADDRESS (If rural, give location) 119 S. Pendleton			
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Mae c. (Last) Carleton			4. DATE OF DEATH Sept. 12, 1951		5. SEX female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 23, 1887		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Saline County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hugh B. LaRue		13b. MOTHER'S MAIDEN NAME Lucy Rector		14. NAME OF HUSBAND OR WIFE Harry Carleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no none		16. SOCIAL SECURITY NO. 499 16 6927		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Fisher, Independence, Mo. ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO acute dilation heart DUE TO Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222				INTERVAL BETWEEN ONSET AND DEATH 3 da 3 da 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 Aug 7th, 1951, to Sept 12th, 1951, that I last saw the deceased alive on Sept 12th, 1951, and that death occurred at 6:24 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) [Signature]				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 9-12-51	
24a. FUNERAL, CREMATION, OR REMOVAL (Specify) Funeral		24b. DATE Sept 14/51		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.		24d. LOCATION (City, town, or county) (State) Marshall Missouri	
DATE REC'D BY LOCAL REG. Sept 14-51		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

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

SEP 19 RECD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Harold E. Woodruff*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4609*.....

P. O. Address *Wesley 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.