

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36830**

**FILED NOV 4 - 1953**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 136

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Polk</b>	a. STATE <b>Missouri</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar</b>	b. COUNTY <b>Polk</b>		
c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location) <b>0841</b> <b>0</b>		

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Lulu</b>	b. (Middle) <b>May</b>	c. (Last) <b>Vannice</b>	<b>4. DATE OF DEATH</b>	(Month) <b>Oct.</b>	(Day) <b>28</b>	(Year) <b>1953</b>
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<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED</b> (Specify) <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 29, 1871</b>	<b>9. AGE</b> (In years last birthday) <b>82</b>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HRS. Hours	if UNDER 1 HRS. Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Morgan County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>James M. Sims,</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rebecca Clark</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. E. E. Crooks</b>	<b>ADDRESS</b> <b>Bolivar, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>1 wk</b> <b>3 mo.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>acute heart failure</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Aug 1913, to Oct 28, 1913, that I last saw the deceased alive on Oct 28, 1913, and that death occurred at 2:15 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>D. C. McClean</i>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>Bolivar, Mo.</b>	<b>23c. DATE SIGNED</b> <b>10/29/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>Oct. 31, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenwood</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bolivar, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>10/30/53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Ralph Gordon</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Turpin Funeral Home</b>	<b>ADDRESS</b> <b>Bolivar, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

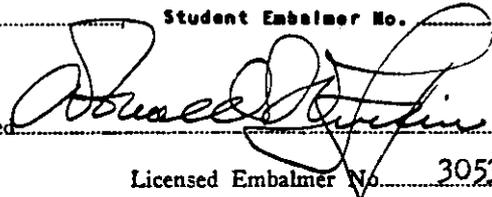
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.