

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36843

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>Gladstone</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Gladstone</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STORMY ACRES ADDN.</u>		STREET ADDRESS (If rural, give location) <u>6000 STORMY ACRES ADDN.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u>	b. (Middle)	c. (Last) <u>MOUNTCASTLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 21 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR. 11, 1911</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>North Kansas City Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>David Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Gallie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>John Mountcastle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-26-9072</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Mountcastle</u> ADDRESS <u>Gladstone</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Severe Anemia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>Metastatic Carcinoma of the Lung</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9020H</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MOKE</u> <u>CLAY</u> <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 20 1954</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient fell getting out of bed - striking head</u>
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22. I hereby certify that I attended the deceased from May, 1953, to Nov, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Emmett L. Mullins M.D.</u>	23b. ADDRESS <u>1808 Spruff St. MOKE</u>	23c. DATE SIGNED <u>11-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/24/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barry</u> <u>MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>Marquerite Ludwig</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) <u>D. W. Newsum</u> ADDRESS <u>San N. R. C. MO.</u>
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WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *Glenn D. Hill*

Licensed Embalmer No. 456

P. O. Address R. 16, 7

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.