

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

State File No. ....

FILED MAY 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY OR TOWN <u>RICH HILL.</u>	c. LENGTH OF STAY (In this place) <u>75 YRS.</u>	c. CITY OR TOWN <u>RICH HILL.</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>809 E. WALNUT ST.</u>		e. STREET ADDRESS (If rural, give location) <u>804 E. WALNUT ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>LULA BELLE ALLEN.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-7-1955</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED.</u>	8. DATE OF BIRTH <u>APRIL-1-1878</u>	9. AGE (In years last birthday) <u>77</u>	Months <u>1</u>	Days <u>6</u>	IF UNDER 24 HRS. Hours	Min.
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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>OWN HOME.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LIBERTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALFRED BENEFIELD</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN CLEMENS.</u>	14. NAME OF HUSBAND OR WIFE <u>STACY HILL (deceased)</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>NONE.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Harris-Evans Spoo Ark.</u>	ADDRESS
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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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c)		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>331 X</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 1955, to May 7, 1955, that I last saw the deceased alive on May 7, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dominic J. Deems M.D.</u>	23b. ADDRESS <u>Rich Hill Mo.</u>	23c. DATE SIGNED <u>May 9 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Rich Hill Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-12-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral</u>	ADDRESS <u>New Rich Hill Mo.</u>
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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 *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler, W.*

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.