

Health, Welfare, Public, Service  
 300  
 -56  
 must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1957

1892

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Wright City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co Memorial Hosp</u>			Length of stay in hospital <u>4</u> Days	d. STREET ADDRESS (If outside, give location) <u>1090</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lulu</u> Middle <u>Jeanette</u> Last <u>Davis</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>8</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 8 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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 country) <u>Jersey County Illinois U.S</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
13. FATHER'S NAME <u>Wiley Ford</u>			14. MOTHER'S MAIDEN NAME <u>Mary K Jaynes</u>		
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>No</u>	17. INFORMANT <u>Thomas H Davis Wright City MO</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Failure</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Diabetic Acidosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>years</u>
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. _____					
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>3-2-56</u> to <u>2-8-57</u> and last saw her alive on <u>2-8-57</u> Death occurred at <u>11:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>A. N. MacRae D.O.</u>			22b. ADDRESS <u>Warrenton Mo.</u>		22c. DATE SIGNED <u>2-9-57</u>
23a. BURIAL, CREMATION, REVENOL (Specify) <u>Burial</u>	23b. DATE <u>Feb II 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wright City Missouri</u>	
24. FUNERAL DIRECTOR <u>Nieburg Furn &amp; Und Co</u>		ADDRESS <u>Wright City</u>		25. DATE RECD. BY LOCAL REG. <u>2-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>

(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, ~~of~~ by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Julius J. Dieburg*.....

Licensed Embalmer No. 336

P. O. Address *Wright Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.