THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25243
STATE FILE NUMBER

FILED JUL 23 1957

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Mt. Vernon — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in 1b 20 yrs.	d. STREET ADDRESS (If outside, give location) 317 E. Cherry — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Lula	Middle: Savilla	Last: Brown	4. DATE OF DEATH Month Day Year: 7 - 8 - 57
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 1-11-1882	9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping	11. BIRTHPLACE (City and state or country): Berwick, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 500-34-1182	17. INFORMANT: Boyden Brown	Address: Mt. Vernon, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronarn Occlusion (AnginaPectoris) — INTERVAL BETWEEN ONSET AND DEATH: 20hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombus formanition — 2 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 1955, to time of death and last saw her alive on 7/7/57.
Death occurred at 11.30 A.M. 7/8/57 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. Bousum D.O.	22b. ADDRESS: Mount Vernon, Mo.	22c. DATE SIGNED: 7/9/57.
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-10-57	23c. NAME OF CEMETERY OR CREMATORY: Berwick Cemetery
23d. LOCATION (City, town, or county) (State): 6 mi. W. Pierce City, Mo.		
24. FUNERAL DIRECTOR: H. D. Fossett — ADDRESS: Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG.: 7-9-57	26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ...Me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. D. Fossett

Licensed Embalmer No. 2.2

P. O. Address Mt Vern

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.