

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43190**

FILED NOV 18 1957

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 193	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Bloomfield		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Delta Community Hospital				e. STREET ADDRESS (If rural, give location) Route # 2			
3. NAME OF DECEASED (Type or Print) a. (First) LOLA		b. (Middle) MAY		c. (Last) STORY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1885		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Eaton		13b. MOTHER'S MAIDEN NAME Eady Reed		14. NAME OF HUSBAND OR WIFE Lem Story			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jact. Story - Bloomfield, Mo. R. # 2			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis years DUE TO (c) Essential Hypertension years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease years				INTERVAL BETWEEN ONSET AND DEATH 12 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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?					
22. I hereby certify that I attended the deceased from July , 19 55 , to Nov 1 , 19 57 , that I last saw the deceased alive on Nov 1 , 19 57 , and that death occurred at 2:15a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Stephen Parer MD				23b. ADDRESS Bloomfield, Mo		23c. DATE SIGNED 11-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1957	24c. NAME OF CEMETERY OR CREMATORY North Antioch		24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri		
DATE REC'D BY LOCAL REG. 11-7-57		REGISTRAR'S SIGNATURE Miss Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

429

DATE RECEIVED NOV 12 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1157-236

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, & by Lulu Cooper # 3499....., Student Embalmer No......
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lulu B. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.