

CERTIFICATE OF DEATH

124-71 0007532

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 76

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. LULA				YEARGAIN	FEMALE	3. FEB. 17/1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. 0945 WHITE		83		MON.	DAYS	6. Sept. 15, 1887	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
10b. FARMINGTON		21. YES		14. MINERAL AREA HOSPITAL OSTEOPATHIC			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Mo.		1. USA		10. WIDOW		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 488-03-1140		13b. HOUSEWIFE		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14c. Mo.		14b. ST. FRANCOIS	14a. FARMINGTON		14d. YES 402 EAST FIRST ST.		

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. FRANK				CHARTREAU	CAROLINE -				MCCLANAHAN
INFORMANT—NAME					MAILING ADDRESS				
17b. LENA WOOD					17a. 1205 N. WASHINGTON FARMINGTON Mo.				

CAUSE

PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) Overwhelming Septicemia		DUE TO, OR AS A CONSEQUENCE OF:		24 Hours
(b) Pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		4 days
(c) CVA		DUE TO, OR AS A CONSEQUENCE OF:		6 days

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)

Generalized Atherosclerosis, General Debility

AUTOPSY (YES OR NO) 19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.
DATE OF INJURY (MONTH, DAY, YEAR) 20b.
HOUR 20c.
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.

INJURY AT WORK (SPECIFY YES OR NO) 20e.
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.
IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. ☒ YES ☐ NO ☐ UNK.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Dec. 27, 1971 TO Feb. 17, 1971
21a. DECEASED FROM
21b. MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
21c. HOUR OF DEATH
21d. DID NOT VIEW THE BODY AFTER DEATH
21e. DATE OF DEATH
21f. DID
21g. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21h. 9:10 A.

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT) 22a. I. J. Bentley, D.O.
SIGNATURE 22b. [Signature]
DEGREE OR TITLE 22c. M.D.
DATE SIGNED (MONTH, DAY, YEAR) 22d. 2/18/71
MAILING ADDRESS—CERTIFIER 23a. 4 E. Harrison St., Farmington, Mo.
STATE 23b. MO.
ZIP 23c. 63640

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL
CEMETERY OR CREMATORY—NAME 24b. MASONIC CEMETERY
LOCATION 24c. FARMINGTON Mo.
DATE (MONTH, DAY, YEAR) 25a. FEB. 20, 1971
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25b. COZEAN FUNERAL HOME FARMINGTON, Mo. 63640
FUNERAL DIRECTOR—SIGNATURE 25c. C.A. Cozean
REGISTRAR'S SIGNATURE 25d. Esther Mathews
DATE RECEIVED BY LOCAL REGISTRAR 25e. Feb. 18, 1971

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 83
10b.
11. 0
12. 3
13. 4369
14. 4
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

FEB 26 1971

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 _____

Licensed Embalmer No. 4084

P. O. Address Larington 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.