

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>11</u>					
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317^E Saline St</u>				d. STREET ADDRESS (If rural, give location) <u>317^E Saline St</u>							
3. NAME OF DECEASED (Type or Print) <u>Lydia Olive</u>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH <u>JAN 7 1949</u>			(Month)		(Day)		(Year)				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 25-1863</u>		9. AGE (In years last birthday) <u>85</u>			
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Pike Co. 900.1</u>			
						12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Wm Brittain</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Glickler</u>			14. NAME OF HUSBAND OR WIFE <u>Geo. W. Fisher</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>←</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Fisher White</u>			ADDRESS <u>Sedalia Mo</u>		
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.				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis Decompensated.</u>				DUPLICATE CAUSES Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility and Arterio-Sclerosis.</u>					I year.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION <u>None.</u>			19b. MAJOR FINDINGS OF OPERATION <u>None.</u>						20. AUTOPSY? <u>No</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None.</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia, Pettis, Missouri.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>4221</u>					
22. I hereby certify that I attended the deceased from <u>over five years</u> , to <u>January 7th, 1949</u> , that I last saw the deceased alive on <u>January 5th, 1949</u> , and that death occurred at <u>9:52 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>						23b. ADDRESS <u>Jno B Carlisle, D 17 Sedalia, Missouri.</u>			23c. DATE SIGNED <u>Jan. 7th,</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9, Jan. 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>			24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo</u>				
DATE REC'D BY LOCAL REG. <u>1-8-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>251 Sweeney-Phillips</u>			ADDRESS <u>Warrensburg</u>			

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-24-49

FEB 9 1949

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 _____

R. Q. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.