

No. 300
10.48

FILED SEP 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30849

51
6
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5608</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural (Madison)</u>		c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Madison)</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. North Holden, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. North Holden, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>4 Mi. North Holden, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilian Velma Stearns</u> b. (Middle) <u>King</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1911</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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 _____	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Stearns</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ester Mann</u>		14. NAME OF HUSBAND OR WIFE <u>Milton King.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Wilshire, K.C. Mo.</u>		ADDRESS _____			
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) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pulmonary tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4:30X</u> <u>?</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? 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 <u>9/4</u> , 1949, to <u>9/8</u> , 1949, that I last saw the deceased alive on <u>9/8</u> , 1949, and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Lovell M.D.</u>			23b. ADDRESS <u>Holden Mo.</u>		23c. DATE SIGNED <u>9/19/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/10/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. L. G. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>E.B. CAST HOLDEN MO</u>		_____		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 19 1949
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed EB Cast

Licensed Embalmer No. 4059

P. O. Address Holden, 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.