

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36136

11200

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4542 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rogersville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rogersville</u>	d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>Pickel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2, 1949</u>
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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>Dec. 10, 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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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 <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Brooklyn, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George F. Lilliston</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Herxing</u>	14. NAME OF HUSBAND OR WIFE <u>TOM F.</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TOM Pickel</u>	ADDRESS <u>Rogersville, Mo</u>
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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>Cerebral hemorrhage</u>		<u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u>		<u>4 yrs</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>6:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from Sept 29, 1947, to Oct 2, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Farthing M.D.</u>	23b. ADDRESS <u>Brask Mo</u>	23c. DATE SIGNED <u>Oct 3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>P.L. Metto Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rogersville, Rural Mo</u>
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DATE REC'D BY LOCAL REG <u>10-14-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Kelley-Fennell-Bergman, Rogersville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 17 1949

District Health Office No. 6,

District File Number 1049-1139

Date Filed 10-24-49

OCT 19 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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland, Me.

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.