

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11576

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Slater b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Slater)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print)	a. (First) Allie	b. (Middle)	c. (Last) Lackland	4. DATE OF DEATH (Month) (Day) (Year) Mch. 18--'50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH April, 1, 1862	9. AGE (In years) (Month) (Day) 87 10 15	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (State or foreign country) Don't know	12. CITIZEN OF WHAT COUNTRY? US
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Don't know	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Jud Rollins	13b. MOTHER'S MAIDEN NAME Elizabeth Lair	14. NAME OF HUSBAND OR WIFE none
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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 Mrs. Mabel Stipes, Slater, Mo.	ADDRESS Slater, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		Year
DUE TO (c) Generalized arteriosclerosis		4500	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 3, 1950 to Mar. 16, 1950, that I last saw the deceased alive on March 12, 1950 and that death occurred at 3.9 m., from the causes and on the date stated above.

23a. SIGNATURE V.A. Mc Gurney M.D.	(Degree or title) MD	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 3-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/18/50	24c. NAME OF CEMETERY OR CREMATORY Gilliam City Cemetery	24d. LOCATION (City, town, or county) (State) Gilliam, Mo.
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DATE REC'D BY LOCAL REG. 3/18/50	REGISTRAR'S SIGNATURE Mo. Earl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers	ADDRESS Slater, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0971

0971

RECEIVED

MAR 20

District Health Officer No. 8,

District File Number 3-

Date Filed 3-24-50

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, ~~as by~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address St. Louis 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.