

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

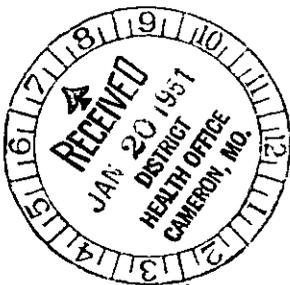
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State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE		c. CITY (If outside corporate limits, write RURAL and give township) TRIMBLE	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) CORDELIA		b. (Middle) M.	
c. (Last) LIZAR		4. DATE OF DEATH (Month) (Day) (Year) JAN. 9, 1951	
5. SEX FE	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 29, 1872
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 12 Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN-HOME	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HENRY BLAKELY		13b. MOTHER'S MAIDEN NAME MARY KRAUSE	
14. NAME OF HUSBAND OR WIFE T. W. LIZAR		17. INFORMANT'S SIGNATURE OR NAME T. W. LIZAR TRIMBLE, MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Splenomegaly of undetermined origin.	
INTERVAL BETWEEN ONSET AND DEATH 3 min		5 yrs	
4200		7 mos plus	
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) (Min.)		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 Nov 30, 1950 , to Jan 9, 1951 , that I last saw the deceased alive on Jan 9, 1951 , and that death occurred at 11:15 PM from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Otto L. Novota, M.D.		23b. ADDRESS Smithville, Mo.	
23c. DATE SIGNED Jan 10, '51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JAN. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY RIDGELEY CEMETERY	
24d. LOCATION (City, town, or county) (State) PLATTE CO. MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Beulah Kitchin	
DATE REC'D BY LOCAL REG. Jan 11, 51		REGISTRAR'S SIGNATURE Beulah Kitchin	
25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME		ADDRESS SMITHVILLE MO.	

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



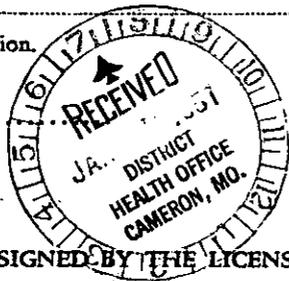
STATEMENT BY LICENSED EMBALMER

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.