

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13135

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buck Prairie 05571	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Aurora Hospital		d. STREET ADDRESS (If rural, give location) 6 mi. South East of Aurora	

3. NAME OF DECEASED (Type or Print)	a. (First) Lillie	b. (Middle) Irene	c. (Last) Mackin	4. DATE OF DEATH (Month) (Day) (Year) April 16, 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never Married	8. DATE OF BIRTH Oct. 18, 1934	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Mackin	13b. MOTHER'S MAIDEN NAME Lora Barrett	14. NAME OF HUSBAND OR WIFE Not married
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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) No.	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Lora Lawson	ADDRESS R. R. 2 Aurora, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours 8:10 P.M. 10:21
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BASAL-SKULL-FRACTURE. CR. EST-INJURIES.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) IRREVERSIBLE DUE TO (c) SHOCK.		
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 055	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.P. CROSSING	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lawrence Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April-16-1951-2:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit-by-Train-at-Crossing
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22. I hereby certify that I attended the deceased from **April 16, 1951**, to **April 16, 1951**, that I last saw the deceased alive on **April 16, 1951**, and that death occurred at **9:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A.P. Lopez	0 (Degree or title) M.D.	23b. ADDRESS Aurora, Mo	23c. DATE SIGNED 4-18-51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 19	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora, Missouri
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DATE REC'D BY LOCAL REG. Apr. 18-51	REGISTRAR'S SIGNATURE Oran Mc Nett	25. FUNERAL DIRECTOR'S SIGNATURE William Wood	ADDRESS Aurora, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

550

No. 300
V. 10.48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 24 1951

Dist. File 457-892

Date Filed 4-24-51

APR 30 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James W. Crafton
Licensed Embalmer No. 4668

P. O. Address Aurora, 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.