

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13542**

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James	c. LENGTH OF STAY (in this place) 1 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	3008
d. FULL NAME OF HOSPITAL OR INSTITUTION State Federal Soldier Hm.		d. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) a. (First) Kathryn b. (Middle) Lee c. (Last) Liles			4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1951		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 4, 1878	9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YEAR Months -	IF UNDER 24 HRS. Hours -	Mins. -
-------------------------	----------------------------------	--	---	---	---------------------------------------	---------------------------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Richard Liles
--------------------------------------	---	---

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	17. INFORMANT'S SIGNATURE OR NAME Fed. State Soldier's Hm. St. James	ADDRESS St. James
---	--	--	-----------------------------

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) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease 6 years DUE TO (c) Old Cerebro-Vascular Accident 6 months		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Eczematoid Dermatitis 3 years		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT (Specify) SUICIDE HOMICIDE none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	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 **April 4, 1950**, to **April 18, 1951**, that I last saw the deceased alive on **April 18, 1951**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James D. Butts M.D.	23b. ADDRESS St. James, Mo	23c. DATE SIGNED April 19, 1951
--	--------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-20-51	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden Missouri
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 4-19-51	REGISTRAR'S SIGNATURE Cora C. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE Carl E. Tickler	ADDRESS James, Mo.
--	--	--	------------------------------

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

810
5

RECEIVED

Polk County Health Officer,

County File Number _____

Date Filed April 23, 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 _____

Jake Nelson

Student Embalmer No. 386

working under my personal supervision.

Student Jake Nelson

Student Embalmer

Signed Orrel E. Lickhiller

Licensed Embalmer No. 3546

P. O. Address Box 510 St. James, 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.