

FILED MAY 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17208

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 2038 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon & Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (in this place) <u>18 Days</u>		d. STREET ADDRESS (If rural, give location) <u>0611</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 Sanford St</u>			

3. NAME OF DECEASED (Type or Print) <u>LILLIE SYLVIA LANCASTER</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May-15-1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>R</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Mar-6-1898</u>	9. AGE (In years last birthday) <u>53</u>	<u>2</u> Months <u>9</u> Days	<u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>J. H. Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Lancaster</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. Morris Bucklin</u>	ADDRESS <u>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>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis to left temporal bone</u> DUE TO (c) <u>adenocarcinoma of left breast</u>		<u>2 mo.</u> <u>2 year</u>
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 <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 5/12/51, 1951, to 5-15, 1951, that I last saw the deceased alive on 5/12/51, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph W. Bohner</u>	(Degree or title)	23b. ADDRESS <u>211 Linn Brookfield Mo</u>	23c. DATE SIGNED <u>5/15/51</u>
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24a. BURIAL, CREMATION (REMOVAL) (Specify)	24b. DATE <u>May-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery Brookfield</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-21-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	167	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Hill Funeral Home Brookfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2587

OCT 29 1952

Date Received: MAY 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-67-991
Date Filed: MAY 28 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 *J. B. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.