

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17533

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 182

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

| | | | | | |
|--|--|--|---|--|-------------|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. LENGTH OF STAY (in this place) <u>40 Yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | <u>0804</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 West 6th Street</u> | | | d. STREET ADDRESS (If rural, give location) <u>408 West 6th Street</u> | | |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>B</u> c. (Last) <u>FIELD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1951</u> | | |
|---|--|--|--|--|--|

| | | | | | | | | |
|---------------------|----------------------------------|--|--|--|---------------------------|-------------------------|-------|------|
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 19, 1873</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hours | Min. |
|---------------------|----------------------------------|--|--|--|---------------------------|-------------------------|-------|------|

| | | | | | |
|--|--|-----------------------------------|---|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Liberty, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? |
|--|--|-----------------------------------|---|--|------------------------------|

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Thomas W. Martin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank R. Field</u> | |
|---|--|---|--|--|--|

| | | | | | |
|--|--|---|--|--|--|
| 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. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie Field, Sedalia, Mo</u> | | | |
|--|--|---|--|--|--|

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|---|---|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease.</u> | | | | 5 years. |
| | DUE TO (c) | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u> | | | | 5 years. |

| | | | | | |
|------------------------|--|--|--|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|--|--|---|

| | | | |
|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u> | 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) <u>None.</u> | 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 over 1 year 19 to May 31st, 1951, that I last saw the deceased alive on May 31st, 1951, and that death occurred at 10:30 p.m. from the causes and on the date stated above.

| | | | | |
|---|--|-------------------|---|-----------------------------------|
| 23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> | | (Degree or title) | 23b. ADDRESS <u>Sedalia, Missouri.</u> | 23c. DATE SIGNED <u>6-2-51</u> |
|---|--|-------------------|---|-----------------------------------|

| | | | | |
|--|----------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 2, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u> | |
|--|----------------------------------|--|---|--|

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|---|--|---|-------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>June 4, 1951</u> | REGISTRAR'S SIGNATURE <u>A. J. Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. K. ...</u> | ADDRESS <u>Sedalia, Mo</u> | |
|---|--|---|-------------------------------|--|

RECEIVED 6-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-12-51

APR 12 1952

JUN 13 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Swickhart

Licensed Embalmer No. 3470

P. O. Address *Lealia, 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.