

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19322**

FILED JUN 22 1951

BIRTH NO. _____		REG. DIST. NO. <b>4815</b>		PRIMARY REG. DIST. NO. <b>4005</b>		Registrar's No. <b>41</b>			
1. PLACE OF DEATH a. COUNTY <b>ANDREW</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ANDREW</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROSENDALE, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROSENDALE, Mo. 0030</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>LYMAN</b> c. (Last) <b>BILL</b>				4. DATE OF DEATH <b>JUNE 15-1951</b> (Month) (Day) (Year)					
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY-14-1868</b>			
9. AGE (In years last birthday) <b>83</b>		10. UNDER 1 YEAR Months <b>1</b> Days <b>1</b>		11. BIRTHPLACE (State or foreign country) <b>WISCONSIN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <b>GEORGE BILL</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY CHASE</b>		14. NAME OF HUSBAND OR WIFE <b>AMANDA-BILL</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Amanda Bill, Rosendale, Mo.</b> ADDRESS					
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Lung</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3/5/51</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Lung</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <b>Rosendale</b> (COUNTY) <b>MO</b> (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>noon</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>					
22. I hereby certify that I attended the deceased from <b>3/1/51</b> , 19___, to <b>6/16/51</b> , 19___, that I last saw the deceased alive on <b>6/13/51</b> , 19___, and that death occurred at ___ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>R. P. ... M.D. Rosendale</b> (Degree or title)				23b. ADDRESS		23c. DATE SIGNED <b>6/17/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>6-17-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ANTIOCH</b>		24d. LOCATION (City, town, or county) (State) <b>ANDREW - MO</b>			
DATE REC'D BY LOCAL REG. <b>6-16-51</b>		REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brett Funeral Home Savannah MO</b> ADDRESS					

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 E. C. Breit.....

Licensed Embalmer No. 2650.....

P. O. Address Savannah 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.