

FILED JUL 5- 1951

STANDARD CERTIFICATE OF DEATH

State File No.

20994

BIRTH NO.		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4416		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY</u>		c. LENGTH OF STAY (in this place) <u>9 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY</u>		bairce	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0830</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u>		b. (Middle) <u>LEWIS</u>		c. (Last) <u>HANLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12, 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 21, 1859</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>							
13a. FATHER'S NAME <u>JAMES G. LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>JANE SLOAN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN J. HANLEY</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>NELLIE HANLEY, PLATTE CITY, MO.</u>			
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) <u>Cerebral thrombosis (multiple)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>cerebral arteriosclerosis</u> <u>generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>esophageal and laryngeal paralysis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 12, 1951</u> to <u>June 12, 1951</u> , that I last saw the deceased alive on <u>before death</u> , and that death occurred at <u>10:08 am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D.M. Miller M.D.</u>				23b. ADDRESS <u>Platte City, Missouri</u>		23c. DATE SIGNED <u>June 13</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>		24d. LOCATION (City, town, or county) <u>PLATTE CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-14-51</u>		REGISTRAR'S SIGNATURE <u>Rphia Rollins</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rollins & Mitchell</u>		ADDRESS <u>Platte City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

830
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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

Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.