

FILED SEP 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30840

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5767</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warren Township</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warren Township</u>		d. STREET ADDRESS (If rural, give location) <u>Warren, mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WARREN MO</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u>			b. (Middle) <u>HARMON</u>		c. (Last) <u>Lilly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 11. 1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 2. 1875</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hardy Lilly</u>			13b. MOTHER'S MAIDEN NAME <u>Emaline Kastner</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Lilly</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Lilly Warren mo</u> 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4500</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>Oct. 7, 1940</u> , to <u>Sept. 11, 1951</u> , that I last saw the deceased alive on <u>Sept. 11, 1951</u> , and that death occurred at <u>9:02 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C.E. Shaver 2 DO</u>				23b. ADDRESS <u>Philadelphia, MO</u>		23c. DATE SIGNED <u>9-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Andrew Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City mo R 7. W.</u>	
DATE REC'D BY LOCAL REG. <u>9/14/51</u>		REGISTRAR'S SIGNATURE <u>By Viola Lee, Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson + Son's</u> ADDRESS <u>Monroe City mo</u>			

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 19 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 21 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Memphis 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.