

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

State File No. **37075**
557

FILED DEC 4 1951

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

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Windsor			
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 W. Colt St.				d. STREET ADDRESS (If rural, give location) 205 W. Colt St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Jane		c. (Last) Lillie	
				4. DATE OF DEATH		(Month) (Day) (Year) Nov. 29, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 14, 1866	
9. AGE (In years last birthday) 85		10. MONTHS 6		11. YEARS 15		12. IF UNDER 18, Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Hillsbroro Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mabe		13b. MOTHER'S MAIDEN NAME Dizzana Hurst		14. NAME OF HUSBAND OR WIFE Albert Lillie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley O. Howard Gravois Mill, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 40 hrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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) Windsor Mo. Benton County, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Nov 27, 1951 , to Nov 29, 1951 , that I last saw the deceased alive on Nov 29, 1951 , and that death occurred at 7:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE George Windsor		(Degree or title) MD		23b. ADDRESS Windsor Mo.		23c. DATE SIGNED 11-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		24d. LOCATION (City, town, or county) (State) Benton County, Missouri	
DATE REC'D BY LOCAL REG. Dec-1-51		REGISTRAR'S SIGNATURE Florence Adams		422 25. FUNERAL DIRECTOR'S SIGNATURE Paul Williams		ADDRESS Clinton	

RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

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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

Licensed Embalmer No. 4570

P. O. Address. Clinton

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.