

FILED MAR 3 1952

STANDARD CERTIFICATE OF DEATH

4454

State File No.

BIRTH NO. 2-25-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North twp.</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi N.W. of Greenfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi N.W. of Greenfield</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi N.W. of Greenfield</u>	

3. NAME OF DECEASED (Type or Print) <u>Lillie</u> a. (First) <u>-</u> b. (Middle) <u>Whitley</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 6, 1875</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> Hours <u>-</u> Min. <u>-</u>	
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Caswell Shockley</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Caroline Bryson</u>		14. NAME OF HUSBAND OR WIFE <u>Joe J. Whitley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe J. Whitley</u> ADDRESS <u>Star Rt #1 Greenfield</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH	
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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>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb 10, 1952, to Feb 18, 1952, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE: <u>W O Cowan M.D.</u> (Degree or title)		23b. ADDRESS: <u>Greenfield, Mo.</u>		23c. DATE SIGNED: <u>2-19-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-23-52</u>		REGISTRAR'S SIGNATURE <u>Geo L Weir 79-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u> ADDRESS <u>Greenfield, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

029

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. C. Canada

Signed.....
Student Embalmer.

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.