

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24772**

**FILED JUL 22 1952**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>115</u>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Prairie</b>		c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Buckner</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R # 1</b>				
3. NAME OF DECEASED (Type or Print) <b>Lillie Emmons</b>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>June 29, 1952</b>		(Month) (Day) (Year)		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct. 22, 1888</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR: Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Taney County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rose Hampton, Springfield, Mo.</b>				
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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic Heart Disease</b> 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
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 <u>4-15</u> , 1952, to <u>6-29</u> , 1952, that I last saw the deceased alive on <u>6-28</u> , 1952, and that death occurred at <u>1:15 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>S. Mary Reyna M.D.</b> (Degree or title)				23b. ADDRESS <b>1032 Prof. Bldg. Kemo</b>		23c. DATE SIGNED <b>6-30-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-2-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>6/30/52</b>		REGISTRAR'S SIGNATURE <b>Donald C. Earnshaw</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Longford Lewis</b>		ADDRESS <b>Summit Mo</b>		

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

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0.00

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 \_\_\_\_\_

*H. Bangsford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.