

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45227**

FILED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>71</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston,</u>		<u>8672</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 400 West Comm.</u>				d. STREET ADDRESS (If rural, give location) <u>400 West Commercial St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lily</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>DeLine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April, 20, 1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u></u> DAYS <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>House Wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin J. Millard</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Toler</u>		14. NAME OF HUSBAND OR WIFE			
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 <u>Loren DeLine, Charleston, 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>Carcinomatous</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Ca of uterus</u> DUE TO (c) <u>172X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in apartment, home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 <u>Dec, 1949</u> to <u>Dec 16, 1952</u> , that I last saw the deceased alive on <u>Dec 16, 1952</u> , and that death occurred at <u>5:43A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Ches Kolwing M.D.</u> (Degree or title)				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>12/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City/town, or county) (State) <u>Charleston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Dean Pancher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Pancher</u> ADDRESS <u>The Dunleavy Funeral Chapel, Charleston, Mo</u>			

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

FEB 19 REC'D

RECEIVED

Miss. Co. Health D

County File No. \_\_\_\_\_

Date Filed FEB 20 195

**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 Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Charleston, W.Va

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.