

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1200

FILED FEB 1 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>4205</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		c. LENGTH OF STAY (In this place) <u>53 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City 0410</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Lierley</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>20</u> (Year) <u>1953</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>Oct 8, 1865</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>		IF UNDER 18 Hrs. _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Darwin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES F WARD</u>			13b. MOTHER'S MAIDEN NAME <u>REBECCA STALEY</u>			14. NAME OF HUSBAND OR WIFE <u>D.L. LIERLEY</u>		
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>E. A. Duffy</u> ADDRESS <u>Gilman City</u>			
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>Arteriosclerosis</u> 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. <u>4500</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</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)				
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 about <u>1</u> <u>1953</u> , to <u>Jan 2, 1953</u> , that I last saw the deceased alive on <u>Jan 1, 1953</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)				23b. ADDRESS <u>Trouton Mo</u>		23c. DATE SIGNED <u>Jan 22 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>A.F.A.M. Center</u>		24d. LOCATION (City, town, or county) (State) <u>Gilman City Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-26-53</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyle E. Wilbourn</u>		ADDRESS <u>Gilman City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

541 / 0

E. A. Duffy

VS
AUG 16 1960

VS
AUG 8 1960

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

Doyle E. Williams

Licensed Embalmer No. 4883

P. O. Address Helmer City

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.