

S. No. 306  
V. 10.48

FILED JUL 7 - 1953

STANDARD CERTIFICATE OF DEATH

22093

State File No. ....

0550  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |                            |   |  |   |   |   |  |
|--|----------------------------|---|--|---|---|---|--|
| BIRTH NO. _____  |                            | REG. DIST. NO. <u>175</u>   |  | PRIMARY REG. DIST. NO. <u>4277</u>  |   | Registrar's No. <u>74</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>LAWRENCE</u>   |                            |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VEYONA</u>   |                            | c. LENGTH OF STAY (In this place) <u>UNKNOWN</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VEYONA</u>  |   | 0550<br>0   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY OF VEYONA</u>  |                            |   |  | d. STREET ADDRESS (If rural, give location) <u>CITY OF VEYONA, MO.</u>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ROSE</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>LIRIK</u>   |                            |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6 20 53</u> |   |   |   |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   | 8. DATE OF BIRTH <u>MARCH 8 - 1876</u>                     |   | 9. AGE (In years last birthday) <u>77</u>                       | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>12</u>                                   | IF UNDER 24 HRS.<br>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>AT HOME</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>LAWRENCE COUNTY MO.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>FRANK RIEDL</u>  |                            | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>FRANK J. LIRIK</u>   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>  |                            | 16. SOCIAL SECURITY NO. <u>NONE</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. D. Premeaux</u> ADDRESS <u>VEYONA MO.</u>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                           |                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u>                                   |  |
| 19a. DATE OF OPERATION _____   |                            | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |   | 20. AUTOPSY?<br>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 <u>9-17-53</u> , 1953, to <u>6-20</u> , 1953, that I last saw the deceased alive on <u>6-19</u> , 1953, and that death occurred at <u>4:30 p.</u> m., from the causes and on the date stated above. |                            |   |  |   |   |   |  |
| 23a. SIGNATURE <u>L. H. Ferguson M.D.</u> (Degree or title)  |                            |   |  | 23b. ADDRESS <u>Widoweth, Mo.</u>   |   | 23c. DATE SIGNED <u>6-29-53</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                            | 24b. DATE <u>6/28/53</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>     |   | 24d. LOCATION (City, town, or county) (State) <u>VEYONA MO.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>7-2-1953</u>   |                            | REGISTRAR'S SIGNATURE <u>Ora McMath</u>   |  | 157   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. Frank</u> ADDRESS <u>Curran, Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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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 \_\_\_\_\_

*Mycall* ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert E. Mulhman* .....

Licensed Embalmer No. *4916* .....

P. O. Address *Amara, 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.