

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25536

State File No. ....

No. 300  
10-48

FILED AUG 6 - 1953

REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 24

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>LINCOLN</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ELSBERRY</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>ELSBERRY</u> <u>0570</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 N. FIFTH</u>  |  | d. STREET ADDRESS (If rural, give location) <u>207, N. FIFTH</u>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MARY</u>  |  | b. (Middle) <u>LOETTA</u>   |  |
|  |  | c. (Last) <u>LILLEY</u>   |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>white</u>   |  |
| 7. <del>MARRIED</del> NEVER MARRIED, <input checked="" type="checkbox"/>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JULY</u><br><del>APRIL</del> <u>25, 1953</u>  |  |
| 8. DATE OF BIRTH <u>April 1, 1894</u>  |  | 9. AGE (In years last birthday) <u>59</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sewing machine operator</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing factory</u>   |  |
| 11. BIRTHPLACE (State or foreign country) <u>Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>THOS. A. LILLEY</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Annie Creech</u>   |  |
| 14. NAME OF HUSBAND OR WIFE  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Allie Lilley - Elsberry, Mo.</u>  |  | ADDRESS   |  |
| 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* <u>(A) CANCER (CARCINOMA) RT BREAST</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (A) <u>ABSCESS RT BREAST</u><br>DUE TO (C) <u>EMPHYSEMA RT CHEST</u> |  |
|  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs</u><br><u>4 mo.</u><br><u>4 mo.</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) (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>4-10</u> 1953, to <u>7-25</u> , 1953, that I last saw the deceased alive on <u>7-25</u> , 1953, and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title)   |  | 23b. ADDRESS  |  |
| 23c. DATE SIGNED <u>7/27/53</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>July 27, 1953</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATOR <u>OAK RIDGE</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo (RFD)</u>   |  |
| DATE REC'D BY LOCAL REG. <u>8/5/53</u>   |  | REGISTRAR'S SIGNATURE <u>Miss Helen Kientz</u>  |  |
| FUNDING DIRECTOR'S SIGNATURE <u>Paul Roberts</u>   |  | ADDRESS <u>Elsberry, Mo</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1953

AUG 26 1953

AUG 12 1953

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 \_\_\_\_\_

*G. J. ...*

Licensed Embalmer No. 4012

P. O. Address Elsberry, W.

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.