

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36009

FILED OCT 23 1953

State File No. 4773

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4773</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>—</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		<u>3438</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION 3015 OAK</u>				d. STREET ADDRESS (If rural, give location) <u>112 3015 OAK</u>			
3. NAME OF DECEASED a. (First) <u>Lillie</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>MORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 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>APRIL 26 1865</u>	
9. AGE (In years) (has birthday) <u>88</u>		10. MONTHS <u>5</u>		11. DAYS <u>9</u>		12. IF UNDER 1 YEAR Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper.</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John J Willhoite</u>			13b. MOTHER'S MAIDEN NAME <u>Luey J. Chisham</u>			14. NAME OF HUSBAND OR WIFE <u>—</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>X NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Blackwell 3015 OAK KANSAS CITY MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				<u>6 mo.</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>332A</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) m.		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>April 1, 1953</u> , to <u>Oct 3, 1953</u> , that I last saw the deceased alive on <u>Oct 3, 1953</u> , and that death occurred at <u>5:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>10/3/53</u>	
24a. FUNERAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>Oct. 5 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-3-53</u>		REGISTRAR'S SIGNATURE <u>Beroldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. D. Lyon Plattsburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.