

FILED NOV 9 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. **38104**

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 16

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, write RURAL and give township) RURAL Finley Twp | c. LENGTH OF STAY (In this place) 10 yrs | c. CITY (If outside corporate limits, write RURAL and give township) RURAL Finley Twp | d. STREET ADDRESS (If rural, give location) SEYMOUR MO N200 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|----------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) GEORGE E. LIERLEY | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-14-53 | | |
| 5. SEX M | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 11, 1880 | | 9. AGE (In years last birthday) 74 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and State or Foreign Country) COFFEY MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME WILSON LIERLEY | | 13b. MOTHER'S MAIDEN NAME MARTHA MOULINS | | 14. NAME OF HUSBAND OR WIFE SARAH | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME SARAH LIERLEY SEYMOUR MO. | |

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|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right lower jaw | | DUPLICATE (b) carcinoma of left jaw 9 years ago | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE (c) Hypertensive heart disease | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

| | | | | | | |
|---|--|--|--|---|--|--|
| 19a. DATE OF OPERATION 1944 | | 19b. MAJOR FINDINGS OF OPERATION Operated on at State Cancer Hospital 196X | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-13, 1953, to 10-14, 1953, that I last saw the deceased alive on 10/14, 1953, and that death occurred at 12:30 P. M., from the causes and on the date stated above.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 23a. SIGNATURE <i>[Signature]</i> | | (Degree or title) | | 23b. ADDRESS Seymour, Mo. | | 23c. DATE SIGNED 10/21/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 10-16-53 | | 24c. NAME OF CEMETERY OR CREMATORY Seymour Mo | | 24d. LOCATION (City, town, or county) (State) Webster Co Mo | |
| DATE REC'D BY LOCAL REG. 11-1-53 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | ADDRESS Seymour Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

1120

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 Max S Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield, 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.