

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42656**

FILED JAN 4 - 1954

BIRTH NO. _____ REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **4211** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Lillie	b. (Middle) Margaret	c. (Last) Fish	4. DATE OF DEATH (Month) (Day) (Year) 12 27 1953
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-14-1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Harrison Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Lacy	13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Thornial Fish
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clara Fish	ADDRESS Eagleville Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden Death
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Weak Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertension DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Heart Failure	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrison Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 27 1953 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph F. Marshall D.C. Coroner of Harrison County	23b. ADDRESS	23c. DATE SIGNED 12-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-53	24c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel	24d. LOCATION (City, town, or county) (State) Eagleville Mo.
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DATE REC'D BY LOCAL REG. 12-31-53	REGISTRAR'S SIGNATURE Florence C. Powell	449-C	25. FUNERAL DIRECTOR'S SIGNATURE W.B. Allen	ADDRESS Bethany Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410

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 W B Haas.....

Licensed Embalmer No. 3899.....

P. O. Address Bethany 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.