

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 13700

No. 300
10-48

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4316 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u> <u>1050</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>	c. LENGTH OF STAY (in this place) OR <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u> <u>1050</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SULLIVAN CTY. MEM. HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>EDDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>6</u> <u>54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6/5/1897</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> IF UNDER 2 HRS. Hours <u>1</u> Min. <u>0</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>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Robert Montgomery</u>	13b. MOTHER'S MAIDEN NAME <u>Vina Shatto</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE EDDY</u>		
---	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>George Eddy - Milan-110</u> ADDRESS _____		
--	-------------------------------	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Alzheimer's Disease (Senile Dementia)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Diets Diet</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Knowledge of doctor</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>
---	---	--	--	---

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Anemia</u>		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.) <u>Milan</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Sullivan</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Jan 6 1953, to Jan 6, 1954, that I last saw the deceased alive on Jan 6, 1954, and that death occurred at 5:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph E. Magello M.D.</u>	23b. ADDRESS <u>Milan, Mo.</u>	23c. DATE SIGNED <u>1/6/54</u>
--	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shatto Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 12 - 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> <u>320</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schaefer</u> ADDRESS <u>Milan, Mo</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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..... *August Deboere*

Licensed Embalmer No. *2667*

P. O. Address *Milan - Wis*

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.