

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5433**

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **175**

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon Hudson-Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth		d. STREET ADDRESS (If rural, give location) 619 Union	

3. NAME OF DECEASED (Type or Print) a. (First) Lillian	b. (Middle)	c. (Last) Stokes	4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 16, 1907	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. 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	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dr. Albert Hirsch	13b. MOTHER'S MAIDEN NAME Irene Elbe	14. NAME OF HUSBAND OR WIFE Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no (If yes, give dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME John Hirsch	ADDRESS Mexico, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Inst.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Circulatory & Respiratory Failure		
	ANTECEDENT CAUSES Barbiturate Poisoning		
DUE TO (b) _____		60 Hrs.	
DUE TO (c) Self Administered Overdose of Sleeping Pills		60 Hrs	
II. OTHER SIGNIFICANT CONDITIONS Sleeping Pills <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9708 ?	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9:55 A.M.**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leslie Hutton Coroner	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED Feb. 18 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Salem	24d. LOCATION (City, town, or county) (State) Excello Missouri
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DATE REC'D BY LOCAL REG. 2/20/54	REGISTRAR'S SIGNATURE John McNeely	25. FUNERAL DIRECTOR'S SIGNATURE Leslie Hutton	ADDRESS Macon, Mo.
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MAR 26 1954



RECEIVED 2.23.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 254.9
Date Filed 2.24.54

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

Charles L. Sutton

Licensed Embalmer No.

4577

P. O. Address

Macon, 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.