

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19548**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) North Second St.	

3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) MAE c. (Last) LILLEY			4. DATE OF DEATH (Month) (Day) (Year) 6 6 1954		
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH August 24, 1984		9. AGE (In years last birthday) 69		10. CITIZEN OF WHAT COUNTRY? USA	
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 (City and State or Foreign Country) Lincoln County, MO, USA	

13a. FATHER'S NAME ELONZO GARNER		13b. MOTHER'S MAIDEN NAME ELIZABETH ROACH		14. NAME OF HUSBAND OR WIFE SHANNON LILLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Shannon Lilley - Elsberry, Mo	

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) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 16 days ANTECEDENT CAUSES DUE TO (b) Atherosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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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) 332X	
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?	

22. I hereby certify that I attended the deceased from **May 28, 1954**, to **June 6, 1954**, that I last saw the deceased alive on **June 6, 1954** and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert N. Hull D.D.		23b. ADDRESS Elsberry, Mo		23c. DATE SIGNED June 7, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-8-1954		24c. NAME OF CEMETERY OR CREMATORY Elsberry Cem.	
				24d. LOCATION (City, town, or county) (State) Elsberry, Lincoln, Mo	

DATE REC'D BY LOCAL REG. 6/21/54		REGISTRAR'S SIGNATURE Mrs Clarence Kientz		25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller	
				ADDRESS Elsberry, Mo	

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

0570

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, on June 6-19

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Mills

Licensed Embalmer No. 3364

P. O. Address Elsbey, Md

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.