No. 300
10.48

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

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26136

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 247

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville Mo.
c. LENGTH OF STAY (in this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Grimm Smith Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City Mo.
d. STREET ADDRESS (If rural, give location): 0620

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle): N
c. (Last): HONE

4. DATE OF DEATH (Month) (Day) (Year): Sept 3 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 22 1864
9. AGE (In years last birthday): 90 — If under 1 year: Months 0, Days 11 — If under 24 hrs.: Hours, Min.

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): Dallis City Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Nichols
13b. MOTHER'S MAIDEN NAME: Sarah Cunningham
14. NAME OF HUSBAND OR WIFE: James H Hone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Maurine Hone
ADDRESS: Venice Cal.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — Interval between onset and death: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — several years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 15, 1954, *to* Sept 3, 1954, *that I last saw the deceased alive on* Sept 3, 1954, *and that death occurred at* 12:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton T. Engline (Degree or title): M.D.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: Sept 3 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 6 1954
24c. NAME OF CEMETERY OR CREMATORY: Bee Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Knox Co. Missouri

DATE REC'D BY LOCAL REG.: 9-5-54
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: A J Seger
ADDRESS: Knox City Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1954

SEP 14 1954

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.