

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31576

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. 124 | | REG. DIST. NO. 316 | | PRIMARY REG. DIST. NO. 4461 | | Registrar's No. 291 | |
| 1. PLACE OF DEATH a. COUNTY ST. FRANCIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. FRANCIS | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) BISMARCK | | c. LENGTH OF STAY (in this place) LIFE | | c. CITY OR TOWN BISMARCK | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) 0940 | | | |
| 3. NAME OF DECEASED (Type or Print) Lilly | | b. (Middle) Belle | | c. (Last) HILL | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1954 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | | 8. DATE OF BIRTH Oct. 14, 1886 | |
| 9. AGE (In years last birthday) 67 | | 10. 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) CORRIDON, MO. | |
| 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME ANDREW SULLIVAN | | 13b. MOTHER'S MAIDEN NAME LENA McCloud | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME John Senior | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | ADDRESS BISMARCK, MO. | |
| *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis | | | | | |
| | | DUE TO (c) | | | | | |
| 11. 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 002X | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 Aug 1 , 1954 to Sept 20 , 1954, that I last saw the deceased alive on Sept 15 , 1954, and that death occurred at 7:15A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) W. H. Kuffman M.D. | | | | 23b. ADDRESS BISMARCK, MO. | | 23c. DATE SIGNED 9-21-54 | |
| 24a. BURIAL, CREMATION/REMOVAL (Specify) BURIAL | | 24b. DATE 9-23-54 | | 24c. NAME OF CEMETERY OR CREMATORY MASONIC | | 24d. LOCATION (City, town, or county) (State) BISMARCK, MO. | |
| DATE REC'D BY LOCAL REG. Sept. 21, 1954 | | REGISTRAR'S SIGNATURE 289-6 Ether Redloff | | 25. FUNERAL DIRECTOR'S SIGNATURE SHIPMAN & SONS BISMARCK, MO. | | | |

(Licensed Embroider'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.....
Signature of Student Embalmer

Signed *John N. Shipman*

Licensed Embalmer No. *4881*

P. O. Address *Bismarck*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.