

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

**33093**

**FILED OCT 18 1954**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1076

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>815<sup>0</sup> g</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>LILLIE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>KING</u>	<u>Sept. 29, 1954</u>		

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 3, 1895</u>	<b>9. AGE</b> (In years last birthday) <u>59</u>	<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u>	<b>IF UNDER 24 HRS.</b> Hours <u>0</u> Mins. <u>0</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House work</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Richhill, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Jim Reckard</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Malen</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joseph</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>488-22-6550</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Joseph King-Elwood, Kansas</u>			<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) _____			<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331X</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
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**22. I hereby certify that I attended the deceased from 9/27, 1954, to 9/29, 1954, that I last saw the deceased alive on 9/29, 1954, and that death occurred at 4:15 p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>J. J. [Signature] M.D.</u>		<b>23b. ADDRESS</b> <u>420 N. 8<sup>2</sup> St. [Signature] Mo</u>	<b>23c. DATE SIGNED</b> <u>9/31/54</u>
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<b>24a. BURIAL CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>9-29-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wathena, Kans.</u>	
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<b>DATE REC'D BY LOCAL REG</b> <u>Oct 12, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Gather M. Allison</u>	<b>485</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>Harman Funeral Home-Wathena, Ks.</u>
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1955

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 M. Hanna

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.