

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33361**
4141
Registrar's No.

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| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4141</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>31 YEARS</u> | | c. CITY OR TOWN <u>88 KANSAS CITY</u> | | 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 <u>6731 MONTGALL AVENUE</u> | | | | e. STREET ADDRESS (If rural, give location) <u>6731 MONTGALL AVENUE 31880</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> | | | b. (Middle) | | c. (Last) <u>LILLY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 21, 1955</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1876 OCT-26-1878</u> | | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>TINA, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM HANNERS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY WILLIAMS</u> | | 14. NAME OF HUSBAND OR WIFE <u>WEBSTER H. LILLY</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JAMES KELLY 6731 MONTGALL K.C.MO.</u> | | | | |
| 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) <u>CORONARY THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 DAYS</u> ANTECEDENT CAUSES DUE TO (b) <u>0</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>0</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u> H201 | | | | | | |
| 19a. DATE OF OPERATION <u>0</u> | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>0</u> (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) <u>0</u> | | 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 <u>9-10</u> , 19 <u>55</u> , to <u>9-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-21</u> , 19 <u>55</u> , and that death occurred at <u>11:10 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>P. C. Quistgard</u> (Degree or title) <u>MD.</u> | | | | 23b. ADDRESS <u>6241 Pershing Ave</u> | | 23c. DATE SIGNED <u>9-23-55</u> | |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u> | | 24b. DATE <u>SEPT. 23, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HALE CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>HALE MISSOURI</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-24-55</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>1731</u> ADDRESS <u>K.C.MO.</u> <u>D.W. NEWCOMER'S SONS BRUSH BRK BLVD</u> | | | |

(Licensed Embalmer'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.....
Ellie Kessel

Licensed Embalmer No. 469

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