

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1543

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lee's Summit		c. LENGTH OF STAY (In this place) 7 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 So. Jefferson			d. STREET ADDRESS (If rural, give location) 307 So. Jefferson		
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) Angilia c. (Last) Diehl			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1878	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months Days # UNDER 1 Wks. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Dow City, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hiram Rudd		13b. MOTHER'S MAIDEN NAME Lovina J. Long	14. NAME OF HUSBAND OR WIFE John R. Diehl		
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 Mrs. Florence Davis, Lee's Summit, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Auricular Fibrillation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4331		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 1/2 hr.
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)	
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 1-11-56 to 2-7-1956, that I last saw the deceased alive on 2-7-1956 and that death occurred at 7:20 AM, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Clint Miller M.D.			23b. ADDRESS Lee's Summit Mo		23c. DATE SIGNED 2-7-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Missouri	
DATE REC'D BY LOCAL REG. 2-8-56		REGISTRAR'S SIGNATURE W.B. Langsford 403		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo. Langsford Funeral Home, Lee's Summit	

(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
Student Embalmer

Signed *N. B. Langford Jr.*

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, Mo

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.