No. 300
10.48

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

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3283

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 542 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): LYLE
c. (Last): McKIBBIN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/14/1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 11 Days 28 — 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: At Home
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James F. Lyle
13b. MOTHER'S MAIDEN NAME: Mary Fraker
14. NAME OF HUSBAND OR WIFE: Herbert Lee
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: Herbert L. McKibbin, 9015 Meadowbrook Lane

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphoblastic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

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

DUE TO (b)

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
2040
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* 11/30, 1955, *to* Jan. 12, 1956, *that I last saw the deceased alive on* Jan. 12, 1956, *and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W. Parker (Degree or title): M.D.
23b. ADDRESS: 4660 Maryland St. Louis, Mo.
23c. DATE SIGNED: 1/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 13, 1956
24c. NAME OF CEMETERY OR CREMATORY: Oak Dale Cemetery
24d. LOCATION (City, town, or county) (State): Wilmington, North Carolina

DATE REC'D BY LOCAL REG.: 1-13-56
REGISTRAR'S SIGNATURE: Herbert R. Dombe MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ambruster Mortuary, 6633 Clayton Rd.
(Licensed Embalmer's Statement on Reverse Side)

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 Fred J Hammer

Licensed Embalmer No. 4788

P. O. Address St Louis Mo

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

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