

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

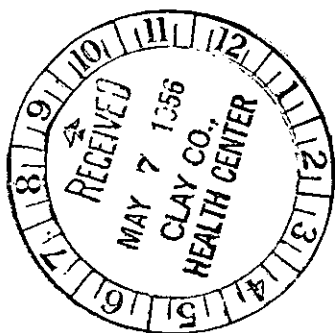
12689

State File No.

BIRTH NO.		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL, and give town) <u>Liberty - Rural</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Holden</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) <u>0510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Handcock</u> c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1956</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Oct. 9, 1870</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
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>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Versailles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>C</u>	
13a. FATHER'S NAME <u>Sam Handcock</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Wallace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. G. T. Wallace, Liberty, 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>Massive - Pneumonia fulminans</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Both lungs full of secretions</u> DUE TO (c) <u>of secretions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>fulminans</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		493x	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>Apr 15, 1956</u> , to <u>Apr 16, 1956</u> , that I last saw the deceased alive on <u>April 15, 1956</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. G. Hodson MD</u> (Degree or title)		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>5/1/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-3-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lylen. Peck, Funeral Home Liberty, Mo.</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 *John Farley*
Licensed Embalmer No. *430*

P. O. Address *Liberty*

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.