

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 6 1956

BIRTH NO. 124 REG. DIST. NO. 204 PRIMARY REG. DIST. NO. 2047 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>MADISON 0621</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>Mo.</u> --b. COUNTY <u>MADISON 0621</u>	
b. CITY OR TOWN <u>Fredericktown</u>	c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Fredericktown</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>310 Delmar St.</u>		e. STREET ADDRESS (If rural, give location) <u>310 Delmar St.</u>	

3. NAME OF DECEASED a. (First) <u>EVA</u> b. (Middle) <u>LEE</u> c. (Last) <u>Killian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 12, 1890</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>13</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>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>IRON MOUNTAIN, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>LORANZA M. LOWRY</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda M. Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>George Killian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Killian, Fredericktown, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Peritonitis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured intestine.</u>		<u>3 Days.</u>
	DUE TO (c) <u>Carcinoma of colon.</u>		<u>months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

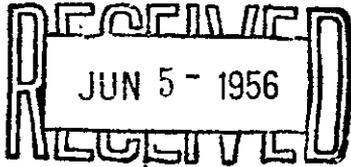
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 10, 1955, to May 25, 1956, that I last saw the deceased alive on May 25, 1956, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Mulcahy MD</u>		23b. ADDRESS <u>135 S. Mine La Motte, Fredericktown, Mo.</u>		23c. DATE SIGNED <u>May 28, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Snowdenville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-28-1956</u>	REGISTRAR'S SIGNATURE <u>Florence Pickel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funeral Home, Fredericktown, Mo.</u>			

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 656-22

JUN 29 1956

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 Charles Mcarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.