

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24246

STATE FILE NUMBER

FILED JUL 20 1956

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 97

| | | | | | | | | | |
|--|--|---|--|---|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson County</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Warrensburg,</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence,</u> | | | Length of stay in 1b <u>5 years,</u> | | d. STREET ADDRESS (If outside, give location) <u>131 N. Water St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>LILLIE</u> Middle <u>BELLE</u> Last <u>SMITH</u> | | | | 4. DATE OF DEATH Month <u>July</u> Day <u>10th.</u> Year <u>1956</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>March 31, 1893</u> | | 9. AGE (In years last birthday) <u>63</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper,</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home,</u> | | 11. BIRTHPLACE (City and state or country) <u>Oklahoma,</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13. FATHER'S NAME <u>Unknown</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-24-8519</u> | | 17. INFORMANT Address <u>Arthur W. Smith, Warrensburg, Mo.</u> | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Aortic Aneurysm</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from <u>7-10</u> to <u>7-10-1956</u> and last saw her ^{her} him alive on <u>7-10-1956</u> Death occurred at <u>3:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) | | | | 22b. ADDRESS <u>M.D. Warrensburg, Missouri.</u> | | 22c. DATE SIGNED <u>7-11-1956</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7-13-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Missouri</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>July 12, 1956</u> | | 26. REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u> | | | |

Health, Welfare, Public Service
300-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
JUL 16 1955
JOHNSON COUNTY HEALTH

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 me....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. B. Banninger.....

Licensed Embalmer No. 337

P. O. Address Warrensburg.....

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.