

FILED NOV 13 1956

STANDARD CERTIFICATE OF DEATH

34784

State File No. ~~338~~ 846391  
Registrar's No. ~~846391~~

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH  
a. COUNTY MARION  
b. CITY OR TOWN HANNIBAL MO  
c. LENGTH OF STAY 12 hrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST ELIZABETH

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).  
a. STATE ILLINOIS b. COUNTY PIKE  
c. CITY OR TOWN BARRY  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS 8128 (If rural, give location)

3. NAME OF DECEASED  
a. (First) LILLIE L. Kirby b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) Nov 6 1956

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOW 8. DATE OF BIRTH July 14 1869 9. AGE (in years last birthday) 87

10a. USUAL OCCUPATION HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE Quincy Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. Warren Lyons 13b. MOTHER'S MAIDEN NAME MARY B. Mahon 14. NAME OF HUSBAND OR WIFE John Kirby (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Warren L. Kirby ADDRESS Douglas Junction Wisconsin

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
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.  
INTERVAL BETWEEN ONSET AND DEATH 6 hours

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6 A. M., from the causes and on the date, stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS 100 N 6th St Hannibal MO 23c. DATE SIGNED 11/7/1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov 8 1956 24c. NAME OF CEMETERY OR CREMATORY PARK LAWN 24d. LOCATION (City, town, or county) (State) BARRY ILL

DATE REC'D BY LOCAL REG. 11-7-56 REGISTRAR'S SIGNATURE Dr. E.M. Lucke 25. FUNERAL DIRECTOR'S SIGNATURE BARNES - DECELY FUNERAL HOME ADDRESS BARRY, ILL.

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

RECEIVED NOV 9 1956

DR FRANK

MARION CO. HEALTH DEPT.

DATE FILED NOV 9 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 James E. Seely, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed James E. Seely.....  
Licensed Embalmer No. 5162

P. O. Address BERRY, I. I......

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.