

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40486**

FILED DEC 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **252**

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mexico</b>		c. CITY OR TOWN <b>Montgomery City</b>	
c. LENGTH OF STAY (In this place) <b>7</b> days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Audrain County Hospital</b>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <b>Lillie</b>		b. (Middle) <b>Mae</b>	
c. (Last) <b>White</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 13, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 13, 1865</b>
9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>William Sidney Chapin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Susan Johnson</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Katherine Hupe Montgomery City, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro vascular accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Microvascular atherosclerosis</b> DUE TO (c) <b>non specific</b> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>1991</b>	
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 <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 <b>Dec 5, 1956</b> , to <b>Dec 13, 1956</b> , that I last saw the deceased alive on <b>Dec 13, 1956</b> , and that death occurred at <b>6:05 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Blanche D. Lawrence</b>		23b. ADDRESS <b>M. D. Melton Mo</b>	
23c. DATE SIGNED <b>12-15-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 15, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Montgomery City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-13-1956</b>	REGISTRAR'S SIGNATURE <b>Blanche Melton</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schlanke Funeral Home Montgomery City, Mo.</b>	

(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.....  
Signature of Student Embalmer

Signed *E. Boone Schlenker*.....

Licensed Embalmer No. *413*.....

P. O. Address *Montgomery*.....

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.