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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1957

STATE FILE NUMBER 4156

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 57-14

**1. PLACE OF DEATH**
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood MO — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital — Length of stay in 1b: 1da

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Dade
c. CITY OR TOWN: Lockwood Mo. 0-290 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: Fannie Middle: Bell Last: Gum

**4. DATE OF DEATH**: Month Feb Day 1 Year 1957

**5. SEX**: F

**6. COLOR OR RACE**: W

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH**: April 1 1876

**9. AGE** (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10 Days 0 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired House Wife

**10b. KIND OF BUSINESS OR INDUSTRY**: Farm

**11. BIRTHPLACE** (City and state or country): Cherryvale Kans.

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME**: George Lieuallen

**14. MOTHER'S MAIDEN NAME**: Lucinda Lieuallen

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT** — Address: Willis H Gum 1130 E. Delmar Springfield Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diabetic Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 4 months
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 260X

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 3-12-56, to 2-1-57 and last saw her alive on 1-31-57
Death occurred at 2:00am m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Lee A. McNeely MD

**22b. ADDRESS**: Greenfield, Mo

**22c. DATE SIGNED**: Feb 4, 1957

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: Feb 4 1957

**23c. NAME OF CEMETERY OR CREMATORY**: Round Grove

**23d. LOCATION** (City, town, or county) (State): Lawrence Co Mo

**24. FUNERAL DIRECTOR** — ADDRESS: W.R.Allison Greenfield Mo.

**25. DATE RECD. BY LOCAL REG.**: 2-9-57

**26. REGISTRAR'S SIGNATURE**: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by .....; Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Allison.....

Licensed Embalmer No. 44

P. O. Address Lutz Fla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.