FILED MAR 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5148

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linneus — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Turner Nursing — Length of stay in Hospital 11 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Linn
c. CITY OR TOWN Marceline 0580 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Last Lisac
4. DATE OF DEATH Month 3 Day 12 Year 1957
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 9-9-1872
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 6 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Fiume, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Frances Stighich
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. None
17. INFORMANT Anna Dewhart Address Mendota, Ill.

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Embolism — 45 min.
DUE TO (c) Phlebothrombosis (right leg) 9040 — 1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21
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.) Accidently fell and injured rt.lower extremity
20c. TIME OF INJURY Hour 9 a. m. p. m. Month, Day, Year 3-5-57
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.) Home
20f. CITY, TOWN, OR LOCATION Linneus COUNTY Linn 058 STATE Mo.

21. I attended the deceased from 3-7-57, to 3-12-57 and last saw her/him alive on 3-11-57
Death occurred at 5 A.M. on 3-12-57 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Denton Wilson (Degree or title) D.O.
22b. ADDRESS. Linneus, Mo.
22c. DATE SIGNED 3-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 3-14-57
23c. NAME OF CEMETERY OR CREMATORY Mt. Hillard
23d. LOCATION (City, town, or county) (State) Marceline, Mo
24. FUNERAL DIRECTOR James McLaughlin ADDRESS Marceline Mo
25. DATE RECD. BY LOCAL REG. Mar. 13 - 1957
26. REGISTRAR'S SIGNATURE Mrs. Bridie Kelley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MAR 18 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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