

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5639**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **4364** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b>		b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Stella</b>		c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		c. CITY OR TOWN <b>Stella</b> <b>030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Lillian Irene McPherson</b>		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Aug 21 1921</b>		9. AGE (In years) last birthday <b>35</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>28</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Secretary</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Still Water Oklahoma</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Lloyd Haggan McPherson</b>		13b. MOTHER'S MAIDEN NAME <b>Opal Irene Lewis</b>	
14. NAME OF HUSBAND OR WIFE <b>Not Married</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>447-12-6907</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Hagan McPherson</b>		ADDRESS <b>Haileyville, Okla.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary heart disease 1 year</b>			
DUE TO (c)		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 type="checkbox"/>	
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) <b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Feb 10, 1957</b> , to <b>Feb 18, 1957</b> , that I last saw the deceased alive on <b>Feb 18, 1957</b> , and that death occurred at <b>3 am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>L. D. Fountain</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Haileyville</b>	
23c. DATE SIGNED <b>Feb 19</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-20-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>G.A.R. Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>Miami Oklahoma</b>			
DATE REC'D BY LOCAL REG. <b>2-19-57</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris Lopez</b>	
				ADDRESS <b>Wheaton, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. Newton

District File Number 157-43

Date Filed FEB 23 1957

**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 James Kenneth Dunc

Licensed Embalmer No. 476

P. O. Address Wheaton

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.