

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57017793
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5666 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Inside Limits Yes ☐ No ☒	c. CITY OR TOWN MAYWOOD		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION $\frac{1}{4}$ mi. N. Maywood		Length of stay in lb XXXXX	d. STREET ADDRESS $\frac{1}{4}$ mi. N. Maywood		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First SARAH Middle ELIZABETH Last BARR			4. DATE OF DEATH Month Day Year JUNE 2, 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 5/24/1865		9. AGE (In years last birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX		11. BIRTHPLACE (City and state or country) COLUMBUS, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME DAVID E. LILLARD		
14. MOTHER'S MAIDEN NAME MILDRED LONG			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		
16. SOCIAL SECURITY NO. XXXXXXXXXXXX			17. INFORMANT Address Mrs. Ralph McReynolds Quincy, Ill.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Poisoning or infection Myocardial Damage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Poisoning A Clear</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1					INTERVAL BETWEEN ONSET AND DEATH 2 hrs 10 yrs
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 Month, Day, Year a. m. p. m.			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 Jan 15, 1957 to June 2, 1957 and last saw her alive on June 2, 1957. Death occurred on June 2, 1957 at 9:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ralph McReynolds M.D.			22b. ADDRESS Quincy, Ill.		
22c. DATE SIGNED 6/3/57			22d. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/5/57	23c. NAME OF CEMETERY OR CREMATORY MAYWOOD		23d. LOCATION (City, town, or county) MAYWOOD, MISSOURI
24. FUNERAL DIRECTOR Charles L. Arnold, Jr.		ADDRESS Lewistown, Mo.	25. DATE RECD. BY LOCAL REG. 6-7-'57		26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1951 8 1 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....
Charles L. Arnold

Licensed Embalmer No...4

P. O. Address Lewistown

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.