

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39017
STATE FILE NUMBER
393
Registrar's No.

FILED NOV 25 1957

Registration District No. 1 Primary Registration District No. 3000

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Novelty Box 4		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp.				Length of stay in lb 6 Days		d. STREET ADDRESS (If outside, give location) Novelty, mo Box 4		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lillie			First Lillie		Middle Ettis		Last Browning	
4. DATE OF DEATH Nov. 9 1957		Month Nov. Day 9 Year 1957		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH April 20, 1884		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days 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 Housewife		11. BIRTHPLACE (City and state or country) Novelty, Missouri		12. CITIZEN OF WHAT COUNTRY? North America		
13. FATHER'S NAME James David Doyle				14. MOTHER'S MAIDEN NAME Elva Amelia Houlston				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Everett Browning Address Kirksville, Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident							INTERVAL BETWEEN ONSET AND DEATH 7 da.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		331XF		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fractured left shoulder & fractured left wrist							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOME <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) 331XF						
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
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 Oct 13, 1957 to Nov 9, 1957 and last saw her ^{him} alive on Nov 9, 1957 Death occurred at 11:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) M. T. Engler, M.D.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED Nov 12, 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11 Nov '57	23c. NAME OF CEMETERY OR CREMATORY La Plata cemetery		23d. LOCATION (City, town, or county) (State) La Plata, Missouri			
24. FUNERAL DIRECTOR ADDRESS W. R. Rimer Edina, Mo.			25. DATE RECD. BY LOCAL REG. 11-18-1957		26. REGISTRAR'S SIGNATURE Doris W. Rathoff			

Health, & Welfare
Public Health Service
S. 300
v. 1-56
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.
S. 300
v. 1-56
Secretary and Registrar - certificate in same envelope - manner required by 193.140 MoRS 1947.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 26 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 A. S. Oliver, Student Embalmer No. 51 working under my personal supervision.

Student A. S. Oliver
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 29

P. O. Address Edina

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.