

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017925
STATE FILE NUMBER

FILED JUN - 9 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 94

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|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Grundy Co. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton, Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Princeton, Mo 0650 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital | | Length of stay in 1b 2 months | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Lucinda Kathrine Lieuallen | | | 4. DATE OF DEATH Month Day Year 6-2-58 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-6-1870 | 9. AGE (In years last birthday) 87 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 100. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Mercer Co., Mo 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME E. J. Abrams | | 14. MOTHER'S MAIDEN NAME Margaret Smith | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs Cleo May Princeton, 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) Coronary Thromboses Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerosis DUE TO (c) 4201 | | | | INTERVAL BETWEEN ONSET AND DEATH About 48 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 200. 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 <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 May 31-1958 to June 2-1958 and last saw her alive on June 2-1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) H. H. Henders M.D. 0 | | 22b. ADDRESS Trenton, Mo | | 22c. DATE SIGNED June 4-1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 6-6-58 | 23c. NAME OF CEMETERY OR CREMATORY Princeton | 23d. LOCATION (City, town, or county) Mercer Co., Mo (State) | |
| 24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo | | 25. DATE RECD. BY LOCAL REG. 6-6-58 | 26. REGISTRAR'S SIGNATURE H. H. Henders | |

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1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

COUNTY OF _____ STATE OF _____
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 BUREAU OF HEALTH SERVICES
 DIVISION OF EMERALD STATE COLLEGE
 1000 UNIVERSITY AVENUE
 SACRAMENTO, CALIFORNIA 95833
 TEL. (916) 487-1234 FAX (916) 487-1234

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 *W. Lee West*,
Signature of Licensed Embalmer

Licensed Embalmer No. *26*
 P. O. Address *Quincy*

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.