

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020840  
Statistical No.

FILED JUN 24 1958  
BIRTH NO.

REG. DIST. NO. 14

PRIMARY REG. DIST. NO. 5064 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Arcadia, Kans RR #2</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia, Kans RFD#2</u>	
c. LENGTH OF STAY (In this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>0060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Arcadia, Kansas RR #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>MARCILLA</u> c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1958</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 18, 1874</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Marionville, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Lilvester McHolland</u>			13b. MOTHER'S MAIDEN NAME <u>Larsh Gelland</u>			14. NAME OF HUSBAND OR WIFE <u>Les J. Moore (Deceased)</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emory Briggs Arcadia, Mo</u>				ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TLEUS + Generalized Peritonitis</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Spontaneous Perforation Sigmoid Colon</u>						2 days	
		DUE TO (c) <u>Primary Carcinoma of Cervix Uteri with metastases to Colon</u>						3 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death of wt. last 2 months						18 Mos.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0</u>				20. AUTOPSY? <u>2</u>	
YES <input type="checkbox"/> NO <input checked="" 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)	
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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?	
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22. I hereby certify that I attended the deceased from July 12, 1947, to June 15, 1958, that I last saw the deceased alive on June 15, 1958, and that death occurred at 1:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Miner Gelland D.O.</u>		23b. ADDRESS <u>Liberal, Missouri</u>		23c. DATE SIGNED <u>6-16-58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal</u>		24d. LOCATION (City, town, or county) (State) <u>Liberal Mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 19 1958</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N.J. Mooneyhan</u>		ADDRESS <u>Arcadia, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8561 98 NNP

JUN 24 1958

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, ~~on~~.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. J. Moonahan*.....

Licensed Embalmer No. *3616*.....

P. O. Address *Arcadia, Kansas*

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 this body is not embalmed, fact should be so stated above.