

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039636
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1094

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 3 BOX # 1129		Length of stay in 1b 129	d. STREET ADDRESS (If outside, give location) 0390 ROUTE # 3 BOX # 1129		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIE Middle OREN Last LILES			4. DATE OF DEATH Month NOV. Day 11 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 12, 1922	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIME GRADER "ASH GROVE LIME & PORTLAND CEMENT CO."		10b. KIND OF BUSINESS OR INDUSTRY LIME & PORTLAND CEMENT CO.		11. BIRTHPLACE (City and state or country) DOUGLAS COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE LILES		13b. MOTHER'S MAIDEN NAME STELLA TATE	
14. NAME OF HUSBAND OR WIFE SHIRLEY MAY LILES		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. 494-18-7236		17. INFORMANT Address SHIRLEY MAY LILES RT # 3 SPFLD, 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) GUN SHOT IN TOP OF HEAD					INTERVAL BETWEEN ONSET AND DEATH 1 W. ST.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) WAS SHOT BY SON IN A FAMILY ARGUMENT			
20c. TIME OF INJURY About 4:00 p.m. 11-11-58					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Rt 3 Springfield Greene Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (If doctor, give name and title) Joseph H. Thieme Coroner			22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 13 Nov 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY PRAIRIE HOLLOW		23d. LOCATION (City, town, or county) (State) SOUTH OF MANSFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG 11-13-58		26. REGISTRAR'S SIGNATURE Effie G. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. No symptoms will be listed.

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NOV 20 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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. H. McQuinn*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, Mo*

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.