Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002441
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY PIKE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) BUFFALO, RFD# 2 — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN RFD.# 2, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) "RURAL", LOUISIANA, MO. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) LOUISIANA, — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LILLIE Middle B. Last RHOADMAN			4. DATE OF DEATH Month JAN. Day 30, Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH DEC. 12, 18[illegible]67
9. AGE (In years last birthday) 91	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) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) FARMER, MO.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES L. LAMBURTH	13b. MOTHER'S MAIDEN NAME MARY IRVIN	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Address MRS. JOE DARST, R#2, LOUISIANA, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral, Embolism	12 hrs -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Auricullar Fibrillation	Unknown -
DUE TO (c)	Arterio Sclerotic Heart disease	4 years -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive Heart Failure 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 a.m. p.m. Month, Day, Year

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 27, 1959, to Jan 30, 1959 and last saw her/him alive on Jan 28, 1959
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) David L. Bilgea DO	22b. ADDRESS LOUISIANA, MO.	22c. DATE SIGNED Feb 1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 1/59	23c. NAME OF CEMETERY OR CREMATORY Bethan BETHANY, CEM.
23d. LOCATION (City, town, or county) (State) PIKE CO. MO.		
24. FUNERAL DIRECTOR George O. Wagner	ADDRESS LOUISIANA, MO.	25. DATE RECD. BY LOCAL REG. Feb 2-1959
26. REGISTRAR'S SIGNATURE Bernice Collier		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

FEB 11 195

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 George O. Wagner

Licensed Embalmer No. 3773

, P. O. Address Louisiana

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.