

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027941

FILED VS JUL 19 1960

294 Primary Registration District No. 3056

Registrar's No. 177

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MACON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Length of stay in 1b 2 DAYS		c. CITY OR TOWN CLARENCE RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHITTAKER HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) CLARENCE RFD #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARION Middle ELMO Last LILLY				4. DATE OF DEATH Month JULY Day 2 Year 1960				
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 12-5-1979	9. AGE (last birthday) 80	10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	11. UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) RANDOLPH COUNTY MO		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME ROBERT L. LILLY			13b. MOTHER'S MAIDEN NAME MARY E. PARKER		14. NAME OF HUSBAND OR WIFE MRS MAUDE LILLY			
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. NO		17. INFORMANT MRS MAUDE LILLY CLARENCE 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) Toxemia DUE TO (b) Ascites DUE TO (c) Chronic Portal cirrhosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 30, 1960 to July 2, 1960 and last saw ^{her} him alive on July 2, 1960 Death occurred at 4.45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) E. T. Whitaker D.D.				22b. ADDRESS 605 S. Fifth St., Moberly, Mo.		22c. DATE SIGNED 7/2/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-4-60	23c. NAME OF CEMETERY OR CREMATORY FELPS CHAPEL CEMETERY		23d. LOCATION (City, town, or county) (State) RANDOLPH COUNTY MO				
24. FUNERAL DIRECTOR GREENING CLARENCE MO			25. DATE RECD. BY LOCAL REG. 7-4-60		26. REGISTRAR'S SIGNATURE Leahudlowe			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles V. Green

Licensed Embalmer No. 4425

P. O. Address Clarence

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.