

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**  
**U. S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 13 1960

**-60-035307**

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOACHIM TOWNSHIP</b>	Length of stay in 1b <b>23 Days</b>	c. CITY OR TOWN <b>FESTUS, MISSOURI</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFF. MEMORIAL HOSP.</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>225 GARBARINO ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LILLIAN</b> Middle <b>G.</b> Last <b>MILLER</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>4.</b> Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 1, 1901</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>FESTUS, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>MARTAIN MAC DONNELL</b>		13b. MOTHER'S MAIDEN NAME <b>MARY C. McCARMACH</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>567-26-8220</b>	17. INFORMANT <b>WILLIAM MILLER</b>	Address <b>CRYSTAL CITY, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS ABDOMINAL METASTETIC</b> DUE TO (b) <b>CARCINOMA BLADDER</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b> <b>1 year</b>
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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"/> N. <input type="checkbox"/> Unknown	
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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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 7/57** to **Oct 4/60** and last saw her/him alive on **Oct 4-60**  
 Death occurred at **Jeff. Mem. Hosp 7:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>H. Goskit M.D.</b>	(Degree or title)	22b. ADDRESS <b>1028 ST MAIN ST FESTUS MO.</b>	22c. DATE SIGNED <b>10/14/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>10-7-60</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>ROSE LANN</b>	23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY MO.</b>
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24. FUNERAL DIRECTOR <b>JAMES R. Cady</b>	ADDRESS <b>CRYSTAL CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>10-5-60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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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 James Richard Cady  
Licensed Embalmer No. 4309

P. O. Address CRYSTAL CA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.