

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002114

STATE FILE NUMBER

FILED VS. FEB 6 1961 179 Primary Registration District No. 5667 Registrar's No. 8

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u>		Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincon Co. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>20 St. Charles</u>	
3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>Jane</u> Last <u>Liles</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>28</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-7-1870</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>
IF UNDER 24 HR Hours <u></u> Min. <u></u>	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 <u>---</u>	11. BIRTHPLACE (City, and state or country) <u>Lincoln County</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>James H. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Senura J. McIntosh</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Liles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Euleta Wilson Silex, Missouri</u>		
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 <u>4 days</u>
IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>cerebral arteriosclerosis</u>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - (c) <u>Fracture left hip six weeks prior to death</u>				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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 <u>12-17-60</u> to <u>1-28-61</u> and last saw her alive on <u>1-28-61</u> Death occurred at <u>3:50 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Louis P. Helms</u> (Print name or title) <u>M.D.</u>			22b. ADDRESS <u>Troy, Mo.</u>		22c. DATE SIGNED <u>1-31-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-30-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mill Creek Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Auburn, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>J. O. Mudd Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-31-1961</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>		

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 James O. Wadd

Licensed Embalmer No. 4152

P. O. Address Bowling Green,

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.