

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 463

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED JUL 31 1961**

1. PLACE OF DEATH  
 a. COUNTY **Boone**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Columbia** Length of stay in lb **20 days**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri University Med. Center** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MO.** b. COUNTY **CHARITON**  
 c. CITY OR TOWN **BRUNSWICK** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **305 N. ADAM ST.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Lillie Lester Heisel**  
 4. DATE OF DEATH Month Day Year **July 25 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **10/17/91** 9. AGE (last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Brunswick, Mo.** 12. CITIZEN OF WHAT COUNTRY **United States**

13a. FATHER'S NAME **James M. Lester** 13b. MOTHER'S MAIDEN NAME **Maria Poorman** 14. NAME OF HUSBAND OR WIFE **deceased**

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. **NONE** 17. INFORMANT Address **Chart. Med. Records - UMMC**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Carcinomatous Small bowel obstruction**  
 DUE TO (b) **Carcinoma (anaplastic) Stomach** INTERVAL BETWEEN ONSET AND DEATH **undetermined**  
 DUE TO (c) \_\_\_\_\_  
 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.  Yes  No  Unknown

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 **7-6-61** to **7-25-61** and last saw her/him alive on **7-25-61**  
 Death occurred at **10:50** **P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Samuel L. Mitchell, M.D.** 22b. ADDRESS **Columbia MO** 22c. DATE SIGNED **7-26-61**

23. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7/26/1961** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) **Brunswick, Missouri**

24. FUNERAL DIRECTOR **Lyman Sprinkle** ADDRESS **Columbia, Mo.** 25. DATE RECD. BY LOCAL REG. **July 26 1961** 26. REGISTRAR'S SIGNATURE **Mrs RE Palmer**

**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 Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.