

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026489

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. - Registrar's No. 258

FILED JUL 6 1961

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BISMARCK</u>		Length of stay in 1b <u>34 yrs</u>	c. CITY OR TOWN <u>BISMARCK</u>
c. FULL NAME OF (If NOT in hospital, give location); HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Home</u>

3. NAME OF DECEASED (Type or print) First <u>Lizvie</u> Middle <u>NALL</u> Last <u>NALL</u>			4. DATE OF DEATH Month <u>June</u> Day <u>30</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>11-3-1878</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Leakeville, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>JEFFERSON WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH CARTY</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>Bessie Gibson</u> Address <u>BISMARCK, MO.</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
IMMEDIATE CAUSE (a) <u>Profound Anemia with circulatory Failure</u>		<u>Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Lymphoid Leukemia</u>	<u>Months</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 _____ 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
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21. I attended the deceased from June 16, 1960 to June 30, 1961 and last saw her alive on June 30, 1961
Death occurred at 1:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>BISMARCK, MO</u>	22c. DATE SIGNED <u>7-1-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	23d. LOCATION (City, town, or county) (State) <u>BISMARCK, MO.</u>
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24. FUNERAL DIRECTOR <u>SHIPMAN SONS</u> ADDRESS <u>BISMARCK, MO</u>	25. DATE RECD. BY LOCAL REG. <u>July 1, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1961 JUL 7

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 John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, ND

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.