

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014558

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 60

FILED MAY 14 1962

VS 300
Rev. 4/59

6000
6000

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4 1
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12 86-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY TOWNSHIP		Length of stay in lb 1 YR.		c. CITY OR TOWN CLAYCOMO	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. HOSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 108 E. PARK	
3. NAME OF DECEASED (Type or print) First Middle Last LILLIE MAY CAREY			4. DATE OF DEATH Month Day Year MAY 9 1962		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 7, 1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) WELLINGTON, KANS. U.S.A.	
13a. FATHER'S NAME GEORGE LIVINGSTON		13b. MOTHER'S MAIDEN NAME MAGGIE SHAW		14. NAME OF HUSBAND OR WIFE WILLIAM E. CAREY	
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.		17. INFORMANT MRS. LEON WATSON CLAYCOMO, 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) Circulatory collapse					INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma Sigmoid Colon					18 months
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 MARCH 24 1961 to MAY 8 1962 and last saw her/him alive on JAN 15, 1962 Death occurred on MAY 9 1962 at 2009 of the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) John M. Williams MD			22b. ADDRESS Liberty Missouri		22c. DATE SIGNED 5-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 11, 1962	23c. NAME OF CEMETERY OR CREMATORY Little School		23d. LOCATION (City, town, or county) (State) Liberty Mo.	
24. FUNERAL DIRECTOR Church-Archer Co. Liberty, Mo		25. DATE RECD. BY LOCAL REG. 5-11-62		26. REGISTRAR'S SIGNATURE Mabel Graham	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1962

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.