

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-035287
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 219

FILED SEP 27 1965

VS 300 Rev. 4/59 1 <u>0425</u> 2 <u>0425</u> 3 4 <u>1</u> 5 <u>2</u> 6 7 <u>1</u> 8 <u>0</u> 9 <u>260X</u> 10 11 12 <u>1-0</u> 13 <u>1-0</u>	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ	1. PLACE OF DEATH a. COUNTY Henry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry				
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton								Length of stay in 1b Years	c. CITY OR TOWN Clinton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 541 S. Carter	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	3. NAME OF DECEASED (Type or print) MARTHA LOUISE LILLESTON								4. DATE OF DEATH September 16, 1965					
	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 June 6, 80 85	9. AGE (last birthday) 85	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) At home								10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Clair Co. Ill.		12. CITIZEN OF WHAT COUNTRY USA	
	13a. FATHER'S NAME Joseph Whitchurch								13b. MOTHER'S MAIDEN NAME Suzanna Wright		14. NAME OF HUSBAND OR WIFE Deceased George W. Lilleston			
	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 Earl Lilleston, Clinton, Missouri			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction								INTERVAL BETWEEN ONSET AND DEATH 48 hrs					
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease								7 yrs					
	DUE TO (c) Diabetes Mellitus								15 yrs					
	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 <u>11-14-63</u> to <u>9-16-65</u> and last saw her alive on <u>9-16-65</u> Death occurred at <u>10:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) W.W. Bradshaw, M.D.			22b. ADDRESS Clinton Mo.		22c. DATE SIGNED 9-17-65									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 18, 65	23c. NAME OF CEMETERY OR CREMATORY Englewood		23d. LOCATION (City, town, or county) Clinton, Missouri		(State)								
24. FUNERAL DIRECTOR Consalus Clinton, Mo.			25. DATE RECD. BY LOCAL REG. 9-20-65		26. REGISTRAR'S SIGNATURE Mildred Begum									

USE BLACK INK OR TYPEWRITER RIBBON

SEP 28 1965
SEP 30 1965

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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained 9-20-65
MB