

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4202

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Edwards Spring</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Edwards Spring 0201</u>		d. STREET ADDRESS (If rural, give location) <u>221 W. Hickory</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>221 W. Hickory</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilash</u> b. (Middle) <u>B</u> c. (Last) <u>Day</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-13-1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.
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	11. BIRTHPLACE (State or foreign country) <u>Dade Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>A. J. Day</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie George</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>177</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maggie Day 221 W. Hickory Edwards Spring Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericereous Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2900</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7.00 Years</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>1948</u> , <u>1957</u> , to <u>July 7</u> , <u>1950</u> , that I last saw the deceased alive on <u>3-7</u> , <u>1950</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>J. W. Richardson M.D.</u>			23b. ADDRESS <u>Office</u>		23c. DATE SIGNED <u>3-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>7 miles - Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MARCH 11, 1950</u>	REGISTRAR'S SIGNATURE <u>George W. Neff</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rev. H. K. ... - Carothers - Edwards Spring</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 2-50-206
Date Filed 3-13-50

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
Student Embalmer

Signed James E. Kachlman

Licensed Embalmer No. 4573

P. O. Address Old Parade Spgs, Me

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 this body is not embalmed, fact should be so stated above.