

FILED JUL 19 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 21197

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>231</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>		c. LENGTH OF STAY (in this place) <u>13Y; 4M; 26das</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Whitewater</u>		D160				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1</u>				1		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOLLA</u>		b. (Middle) <u>IRNE</u>		c. (Last) <u>WILLA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 17, 1907</u>		9. AGE (In years last birthday) <u>42</u> # UNDER 1 YEAR Months <u>7</u> Days <u>3</u> # UNDER 24 HRS. Hours <u>0</u> Min. <u>3</u>		
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>Bollinger County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Howard</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Crump</u>			14. NAME OF HUSBAND OR WIFE <u>Sylvester Willa</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>					ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ascites, abdominal cavity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Luetic hepatitis</u>						<u>1 Yr.</u>		
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>627X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Sept. 19, 1949</u> , to <u>May 20, 1950</u> , that I last saw the deceased alive on <u>May 20, 1950</u> , and that death occurred at <u>8:10 Am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>John A. Brennan - M.D.</u>				(Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>5-22-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington-Univ. Anat. Dept., St. Louis, Missouri</u>		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>289</u>		ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

District File Number  
District Health Officer No. 9  
RECEIVED  
JUL 11 1960

MAR 30 1955

APR 11 1955

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *C. Hozean*

Licensed Embalmer No. *4084*

P. O. Address *Farmington, 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.