

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17351

State File No.

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 18

660

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>AURORA-SPRINGS 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AURORA-SPRINGS</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lydia-</u>	b. (Middle) <u>Nancy-</u>	c. (Last) <u>Barbce</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7 Nov. 1951</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (State or foreign country) <u>Miller Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Louis-Starks</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah-Jane-Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Hillary-Barbce</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>489-28-1066</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hillary-Barbce</u>	ADDRESS <u>Eldon-Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>		
	DUE TO (c) <u>Diabetes.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from Jan, 1951, to May 12, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W.L. Allee M.D.</u> (Degree or title)	23b. ADDRESS <u>Eldon-Mo</u>	23c. DATE SIGNED <u>13 MAY 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>15 MAY 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell-</u>	24d. LOCATION (City, town, or county) (State) <u>MORGAN-CO Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Adveretta Walter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scott McKays</u>	ADDRESS <u>Eldon Mo</u>
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RECEIVED

MAY 15 1951

MILLER COUNTY HEALTH
DEPARTMENT

DEC 6 1961

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.....

Keith McKays

Licensed Embalmer No.....

3998

P. O. Address.....

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