No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34338

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5152 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grant rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural -- Grant 0130
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Lillie
b. (Middle) May
c. (Last) Grove

4. DATE OF DEATH (Month) IO (Day) I9 (Year) 52

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 9-I-I868
9. AGE (In years last birthday) 84 — If under 1 year: Months 1, Days 18; If under 24 hrs.: 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
11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse Parman
13b. MOTHER'S MAIDEN NAME Louzana Keeling
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.
17. INFORMANT'S SIGNATURE OR NAME Mrs Jesse Lee Polo
ADDRESS Mo

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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1952 *to* Oct 19, 1952 *that I last saw the deceased alive on* Oct. 19th, 1952 *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE O. C. Kilbourn (Degree or title) M.D.
23b. ADDRESS Cowgill, Mo.
23c. DATE SIGNED 10-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10-21-1952
24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery
24d. LOCATION (City, town, or county) Hamilton, Missouri (State)

DATE REC'D BY LOCAL REG. Nov 4, 1952
REGISTRAR'S SIGNATURE Gladys Jones
25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark, Kingston, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.