No. 300
10.48

FILED JUN 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18584

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5657 Registrar's No. _____

550

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Red Oak
c. LENGTH OF STAY (in this place): native
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence Sarcoxie R.R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Red Oak
d. STREET ADDRESS (If rural, give location): Sarcoxie R.R. 0550

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Jane
c. (Last): Tillman

4. DATE OF DEATH (Month) (Day) (Year): 5-11-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 6-5-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 11, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: Native

13a. FATHER'S NAME: Enoch T. McCune
13b. MOTHER'S MAIDEN NAME: Lizzie A. Duff
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Greer Pickens — ADDRESS: Sarcoxie R.R.

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): Inanition due to

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Metastatic Carcinoma of liver & lungs.
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH: 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* March 6, 1953 *to* May 11, 1953, *that I last saw the deceased alive on* May 11, 1953, *and that death occurred at* 6 15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond A. Carlson MD
23b. ADDRESS: Golden City Mo.
23c. DATE SIGNED: 5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-14-1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Private Cemetery
24d. LOCATION (City, town, or county) (State): W. of Red Oak Mo.

DATE REC'D BY LOCAL REG.: 5-20-53
REGISTRAR'S SIGNATURE: W. S. Burney 158
25. FUNERAL DIRECTOR'S SIGNATURE: Monnes-Leiman — ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1953

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 G. R. Leimer

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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