

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14505

State File No. ....

FILED MAY 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD</u> 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORWOOD REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>MAIN STREET</u>	

3. NAME OF DECEASED a. (First) <u>LILLIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>WAKELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26 1955</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 1 1899</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 100 HRS. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Evansville - Ind</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM WAKELAND</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH HOLDER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Wakeland</u> ADDRESS <u>Cincinnati, Ohio</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pleural Effusion</u> DUE TO (c) <u>CARCINOMA of Stomach.</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb, 1955, to April, 1955, that I last saw the deceased alive on April, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Michael H. Mitchem</u> (Degree or title) _____	23b. ADDRESS <u>507 W. 1st St. Evansville Mo</u>	23c. DATE SIGNED <u>4-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>APRIL 28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL GEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EVANSVILLE IND</u>
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DATE REC'D BY LOCAL REG. <u>4-27-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. R. Washburn</u> 347	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herb Boob</u> ADDRESS <u>Int. 7th Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED MAY 8 1955  
WRIGHT CO. HEALTH DEPT.  
County File Number 555-52  
Date Filed 5-9-55

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 W. Barber

Licensed Embalmer No. 15-8-381

P. O. Address W. H. Roy

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.