

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11147

FILED MAR 22 1956

318

1003

State File No. ....

2253

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY				
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>902 BARTON 22<sup>nd</sup></u>				
3. NAME OF DECEASED (Type or Print) <u>LILLIE</u>			a. (First)		b. (Middle)		c. (Last) <u>MESEY</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>MAR. 27 1895</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		9. AGE (In years last birthday) <u>60</u>		
15a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15b. SOCIAL SECURITY NO. <u>496-18-9482</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HADEN MESEY</u> ADDRESS <u>902 BARTON</u>				
13a. FATHER'S NAME <u>JAMES MANESS</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA MANESS</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Thyroid</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <u>Nov 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Thyroid</u>				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)		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<sup>th</sup> 55</u> to <u>March, 1956</u> , that I last saw the deceased alive on <u>Mar 1, 1956</u> , and that death occurred at <u>9:55</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Martin W. Daring, MD</u> (Degree or title)				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>3/2/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR 5 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERCULANUM CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HERCULANUM MO.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 3 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutes 2906 Grand</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

Wm. H. ...  
Huntville Ala

10:30 to 3 P.M.  
Fri + Sat  
fee 3-4980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Samuel C. ...*

Licensed Embalmer No. 43

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.