

FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19336**

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4511** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris	c. LENGTH OF STAY (In this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris	
d. FULL NAME OF HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If rural, give location) 1050 D	

3. NAME OF DECEASED (Type or Print) a. (First) James Lilberrn b. (Middle) Michael c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) May 26, 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 8 Days 11	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Winson Michael	13b. MOTHER'S MAIDEN NAME Mary Jane Holt	14. NAME OF HUSBAND OR WIFE Cora Micheal
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (a) (rank/known) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Clip Michael ADDRESS Harris Mo.
---	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION IMMEDIATELY LEADING TO DEATH (a) Chronic myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last. BUE TO (b) carcinoma of prostate		
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"/>
------------------------------	--	--

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) 177X
--	--	--

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 1/1, 1953, to 5/26, 1956, that I last saw the deceased alive on 5/24, 1956, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Clip Michael (Degree or title) Dr.	23b. ADDRESS Harris Mo.	23c. DATE SIGNED 5/28/56
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/28/56	24c. NAME OF CEMETERY OR CREMATORY Harris Cemetery	24d. LOCATION (City, town, or county) (State) Harris, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 6-8-56	REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE James H. Payne ADDRESS Newtown
--	---	---

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

20

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 *T. Howard Judd*

Licensed Embalmer No. *5240*

P. O. Address *Newtown*

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.