

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19475**

State File No. ....

**FILED JUL 5 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 123

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Audrain</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Thompson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.#2, Thompson</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Beatrice</u> c. (Last) <u>Brenton</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 26, 1956</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 27, 1878</u>	<b>9. AGE</b> (In years) (Age birthday) <u>78</u>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Indiana</u>	

<b>13a. FATHER'S NAME</b> <u>Columbus Day</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Barbara Lancaster</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs S.F. Williams Thompson, Mo.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs S.F. Williams Thompson, Mo.</u>	<b>ADDRESS</b> <u>Thompson, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebro-Vascular accident</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 1/2 hours</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>- Chronic lymphatic leukemia</u>		
	DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>2040</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Thompson, Missouri</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

22. I hereby certify that I attended the deceased from May 15, 1956 to June 26, 1956, that I last saw the deceased alive on June 26, 1956, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>F.O. Lancaster M.D.</u>	<b>23b. ADDRESS</b> <u>Mexico, Mo.</u>	<b>23c. DATE SIGNED</b> <u>6-28-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>June 28, 56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mexico, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>June 28-1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Blanche Neely</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Precht-Brester</u>	<b>ADDRESS</b> <u>Mexico, 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

NOV 6 1957

**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.....  
Signature of Student Embalmer

Signed.....  
*Paul E. Paul*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.