

FILED JUL 30 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Paris, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Paris, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		Length of stay in lb <u>12 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>			
3. NAME OF DECEASED (Type or print) <u>Lucy Lavina Wilt</u>				4. DATE OF DEATH Month <u>7</u> Day <u>19</u> Year <u>56</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 28, 1877</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Monroe County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edwin Lewis</u>				14. MOTHER'S MAIDEN NAME <u>Mary E. Piercy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT Address <u>Billy Wilt Paris, Missouri</u>				
18. CAUSE OF DEATH [Enter only one cause definite for (a), (b), or (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN DEATH AND EXAMINATION <u>7/19/56</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331x</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>7-12-56</u> to <u>7-19-56</u> and last saw her alive on <u>7-19-56</u> Death occurred at <u>5:30 PM</u> <u>Paris, Missouri</u> and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy Coroner) <u>G. M. Reynolds MD</u>				22b. ADDRESS <u>Paris, Mo</u>		22c. DATE SIGNED <u>7-20-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-22-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shelbina I. O. O. F.</u>		23d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Barkelaw &amp; Davis Shelbina, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-28-56</u>		26. REGISTRAR'S SIGNATURE <u>F. A. Barnett MD</u>		

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 *James D. Davis*.....

Licensed Embalmer No. *44*

P. O. Address *Shelbina*

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.