

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1957

7177  
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 5023 Registrar's No. 27

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Atchison</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock Port</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Tarkio</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>Clement Nursing Home</u> Length of stay in lb <u>7 mo.</u>   |  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |  |
| 3. NAME OF DECEASED (Type or print) <u>LILLIE ROSETTA McNEAL</u> First Middle Last  |  | 4. DATE OF DEATH <u>March 19, 1957</u> Month Day Year  |  |
| 5. SEX <u>female</u>  | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>January 21, 1865</u>   |
| 9. AGE (In years last birthday) <u>92</u>   |  | IF UNDER 1 YEAR Months <u>1</u> Days <u>28</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>at home</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Portersville, Penn.</u>                          |
| 13. FATHER'S NAME <u>Joseph Lehman</u>  |  | 14. MOTHER'S MAIDEN NAME <u>Emaline Lambert</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>none</u>  |  |
| 17. INFORMANT <u>Russell McNeal</u> Address <u>2634 Jule St.</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebrovascular accidents</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u><br>DUE TO (c) <u>dissecting</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>   |  |  |  |
| 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>11/12/51</u> to <u>3/19/57</u> and last saw her <sup>her</sup> <del>him</del> alive on <u>3/18/57</u> . Death occurred at <u>715 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |  |  |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)   |  | 22b. ADDRESS <u>Tarkio, Mo.</u>  | 22c. DATE SIGNED <u>3/21/57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   | 23b. DATE <u>3/22/57</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>                               |
| 24. FUNERAL DIRECTOR <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u>   | 25. DATE RECD. BY LOCAL REG. <u>April 3, 1957</u>  | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Frost A. Brown* .....

Licensed Embalmer No. 333

P. O. Address Tarkio, Mo.

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.