THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30708
STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax — Inside Limits Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Comm. Hospital — Length of stay in 1b 13 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Rock Port — Inside Limits Yes [ ] No [x]
d. STREET ADDRESS (If outside, give location) 3/4 Mi. North — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First LILLIE Middle EMO Last GARNER

4. DATE OF DEATH Month Sept. Day 22 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH Sept 12, 1883
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY In the home
11. BIRTHPLACE (City and state or country) Kansas Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alonzo Ross Willison
13b. MOTHER'S MAIDEN NAME Hannah Jane Steeples
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ray Edwards Address Burl. Jct. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Erebro-vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Advanced Arteriosclerotic Cardio vascular disease
DUE TO (c) Diabetes Mellitus
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) 260X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [x] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5/24/54, to 9/22/57 and last saw her alive on 9/22/57
Death occurred at 3:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Medeomey or Mo
22b. ADDRESS Rockio Mo.
22c. DATE SIGNED 9/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/24/57
23c. NAME OF CEMETERY OR CREMATORY Grange Hall Cem.
23d. LOCATION (City, town, or county) (State) Rock Port Mo.

24. FUNERAL DIRECTOR ADDRESS Schooler Funeral Home Fairfax Mo.
25. DATE RECD. BY LOCAL REG. Sept 23, 1957
26. REGISTRAR'S SIGNATURE Marvin H. Schooler

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Marvin N. Schaale

Licensed Embalmer No. 416x

P. O. Address Fairfax Th

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.