

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026520  
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA, MO.</b>		c. CITY OR TOWN <b>LOUISIANA (R.F.D.)</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE Co. HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 2</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LILLIAN W. ROSE</b>			4. DATE OF DEATH Month Day Year <b>JULY 11, 1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 29 1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>	11. BIRTHPLACE (City and state or country) <b>RAKS Co., Mo.</b>
13a. FATHER'S NAME <b>D. F. WOOD</b>		13b. MOTHER'S MAIDEN NAME <b>ALMA HOLTON</b>	14. NAME OF HUSBAND OR WIFE <b>JUSTIN R. ROSE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MR. JUSTIN ROSE, RFD 2, LOUISIANA, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis</b> DUE TO (b) <b>Carcinoma of Right Breast with Metastasis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>170X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>buke</b>
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <b>1-13-58</b> to <b>7-11-58</b> and last saw her alive on <b>7-11-58</b> Death occurred at <b>11:10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Clash Lewellen</b>		22b. ADDRESS <b>Louisiana, Mo.</b>	
22c. DATE SIGNED <b>7-11-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/12/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>PIKE Co. Mo.</b>
24. FUNERAL DIRECTOR <b>STERNE FUNERAL HOME,</b>		ADDRESS <b>LOUISIANA, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>JULY 14 - 1958</b>
		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Virginia L. Esterbrook* .....

Licensed Embalmer No. *4645* .....

P. O. Address *....., 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.