RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1959

59-024363
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 204

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. # 5
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Lillie Middle May Last Daro
4. DATE OF DEATH: Month Aug. Day 2 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-6-1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Home
11. BIRTHPLACE (City and state or country): Roberts, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Phillip Kief
13b. MOTHER'S MAIDEN NAME: Alida Buchanan
14. NAME OF HUSBAND OR WIFE: Theodoro J. Daro
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. Fern Attebery Address: Fulton, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerotic cardio vascular dis — 5 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
① Chronic Congestive heart failure ② Diabetes mellitus ③ Hypoproteinemia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II above.)
④ left hemiplegia, result of old stroke
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 1-15-59, to 8-2-59 and last saw her alive on 8-1-59
Death occurred at 5:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George D. Groce (Degree or title) M.D.
22b. ADDRESS 607 Court Fulton, Mo.
22c. DATE SIGNED 8-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 4, 1959
23c. NAME OF CEMETERY OR CREMATORY: Callaway Memorial Gardens
23d. LOCATION (City, town, or county) (State): Fulton Mo
24. FUNERAL DIRECTOR: Wallace Funeral Home ADDRESS: Fulton, Mo
25. DATE RECD. BY LOCAL REG.: Aug 4-1959
26. REGISTRAR'S SIGNATURE: Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. R. Masure

Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Fulton M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.