No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28252

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (in this place): 7 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 MARSHALL ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN 0602
d. STREET ADDRESS (If rural, give location): 608 MARSHALL ST.

3. NAME OF DECEASED (Type or Print): a. (First) LILLIE b. (Middle) FLORENCE c. (Last) SHEETS

4. DATE OF DEATH: (Month) AUGUST (Day) 27 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: MAR. 3, 1891

9. AGE (In years last birthday): 63 IF UNDER 1 YEAR Months: 5 Days: 24 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:

11. BIRTHPLACE (State or foreign country): WAYNE COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ELIAS ALLEN

13b. MOTHER'S MAIDEN NAME: MARY E. O'DELL

14. NAME OF HUSBAND ~~OR WIFE~~: W.C. SHEETS

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'S SIGNATURE OR NAME ADDRESS: W.C. SHEETS. FREDERICKTOWN, MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Syphilis Haemorrhoids several years ago

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 331 X

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__ *to* Aug 27, 19 54, *that I last saw the deceased alive on* Aug 25, 19 54, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. **23b. ADDRESS:** 130 W. Main Fredericktown **23c. DATE SIGNED:** Aug. 29, 54

24a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): BURIAL **24b. DATE:** 8/29/54 **24c. NAME OF CEMETERY OR CREMATORY:** NEW LIBERTY CEMETERY **24d. LOCATION** (City, town, or county) (State): WAYNE COUNTY, MO.

DATE REC'D BY LOCAL REG.: 8-28-54 **REGISTRAR'S SIGNATURE:** Florence Dickson **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS:** D. Adamson - FREDERICKTOWN, MO

(Licensed Embalmer's Statement on Reverse Side)