

FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

25637

Registration District No. 47

Primary Registration District No. 3008

Registrar's No.

239

## 1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 months  
Yes (Specify whether)  
In this community Yes  
years, months or days

## 3. (a) PRINT

FULL NAME Lillie M. Marques

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or

race W

6. (a) Single, widowed, married,

divorced Widow

6. (b) Name of husband or wife

Don't know

6. (c) Age of husband or wife if

alive - years

7. Birth date of deceased

Sept91868

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79114

hr.

min.

9. Birthplace

Iowa

(City, town, or county)

(State or foreign country)

10. Usual occupation

House work (own home)

11. Industry or business

12. Name

Don't know

13. Birthplace

"

(State or foreign country)

14. Maiden name

Don't know

15. Birthplace

"

(State or foreign country)

16. (a) Informant Hospital records

(b) Address

Fulton

17. (a)

Burial

(b) Date thereof

9-16, 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary cemetery

18. (a) Signature of funeral director

Behrman's Funeral Home

(b) Address

100 S. Oak Cal. Mo.

19. (a)

Aug 16-1948

(b)

Joan Morawickoff

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau  
(c) City or town California  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13  
year 1948 hour 11:15 A. minute M.

21. I hereby certify that I attended the deceased from Aug 4 to 14  
8-4-48, 19, to 8-18-48, 19;  
that I last saw her alive on Aug 12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial  
Chronic

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

W. J. Miller

(M. D. or other)

Address

F. Fulton

Date signed

8-13-1948

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
AUG 24 1948  
Date Filed

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.....

James M. Foley, Registered Apprentice No. 219  
working under my personal supervision.

Signed Earl R. Baulin  
by EB  
Licensed Embalmer No. 2126

P. O. Address Calif., 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.)

5. If this body is not embalmed, fact should be so stated above.