

THE DIVISION OF HEALTH OF MISSOURI
 FILED APR 21 1954 STANDARD CERTIFICATE OF DEATH

State File No. **13028**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6019** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY R&V		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Wesley	c. (Last) Lillard	4. DATE OF DEATH (Month) (Day) (Year)
				April 15, 54

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Rural N-E of Orrick, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stanton Lillard	13b. MOTHER'S MAIDEN NAME Louisia Jane XXX Allison	14. NAME OF HUSBAND OR WIFE Anna May Andrews
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go. or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Anna May Lillard	ADDRESS Orrick, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-15-54** 19**54**, to **4-15-54** 19**54**, that I last saw the deceased alive on **4-15-54** 19**54**, and that death occurred at **2:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. G. F. Semmes, Jr. - D.O.	(Degree or title)	23b. ADDRESS 2 Oneb - Mo	23c. DATE SIGNED 4-16-54
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-54	24c. NAME OF CEMETERY OR CREMATORY South Point Cem	24d. LOCATION (City, town, or county) (State) Orrick, Mo.
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DATE REC'D BY LOCAL REG. 4-16-54	REGISTRAR'S SIGNATURE Helen J. Larkin 273	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good	ADDRESS Orrick, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

890

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
Student Embalmer

Signed Charles F. Tyle.....

Licensed Embalmer No. 4534.....

P. O. Address Liberty MD......

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