

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9612

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>	
c. LENGTH OF STAY (In this place) <u>05 years</u>		d. STREET ADDRESS (If rural, give location) <u>630 East Lexington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>630 East Lexington St.</u>		d. STREET ADDRESS <u>630 East Lexington St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u>		b. (Middle) <u>PAULINE</u>	
c. (Last) <u>LILLARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 3, 1871</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Ogg</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Duerson</u>		14. NAME OF HUSBAND OR WIFE <u>C.C. Lillard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry G. Lillard, Richmond, Missouri</u>		ADDRESS <u>Richmond, Missouri</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u> <u>10 yrs.</u> DUE TO (c) <u>Arterial Sclerosis</u> <u>5 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4448</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Mar 1, 1949</u> , to <u>Mar 4, 1949</u> , that I last saw the deceased alive on <u>Mar 4, 1949</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. E. J. Reran M.D.</u>		23b. ADDRESS <u>Richmond Mo.</u>	
23c. DATE SIGNED <u>Mar 7, 49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 6, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 7-1949</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Jackson</u> <u>273</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

899

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-15-49

JAN 20 1953

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, W. D. DICK

Student Embalmer No. _____

working under my personal supervision.

Signed William L. Thurman

Signed _____
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, Missouri

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.