

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26157

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>926</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)			c. LENGTH OF STAY (in this place) <u>30 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			d. STREET ADDRESS (If rural, give location) <u>2904 Sacramento Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2904 Sacramento Street</u>				d. STREET ADDRESS <u>2904 Sacramento Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alonzo</u>		b. (Middle) <u>Conduit</u>		c. (Last) <u>Lillard</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>22</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 2, 1874</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician M.D.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Practice</u>		11. BIRTHPLACE (State or foreign country) <u>La Grange, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Polonzo G. Lillard</u>			13b. MOTHER'S MAIDEN NAME <u>Druzilliar Hutcherson</u>			14. NAME OF HUSBAND OR WIFE <u>Eleanor Lillard</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eleanor Lillard St. Joseph, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Pernious Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>15 yrs</u> <u>5 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>21 Aug</u> , 19 <u>49</u> , to <u>23 Aug</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>23 Aug</u> , 19 <u>49</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. D. Craig</u>			(Degree or title) <u>D.M.D.</u>			23b. ADDRESS <u>405 Jacks Bldg. St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>23 Aug 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St. Joseph, Missouri.</u>		24e. STATE _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>			
DATE REC'D BY LOCAL REG. <u>Aug 25, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		382		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1949

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 *Raymond W. Marchessault*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.