

S. No. 300  
v. 10.46

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11863  
Registrar's No. 35

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004

0061

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

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LAMAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LAMAR</u>	
c. LENGTH OF STAY (In this place) <u>81 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1105 WALNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>B</u>	c. (Last) <u>LILLARD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>APR 28 1950</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 7 1864</u>	9. AGE (In years last birthday) <u>85</u>	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) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Abstracter, County</u>	11. BIRTHPLACE (State or foreign country) <u>Clerk TAYLORVILLE, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>THOMAS BENJIMAN LILLARD</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE BOSTON</u>	14. NAME OF HUSBAND OR WIFE <u>SARAH ADELINE THRELKERD</u>
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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>MISS ETHEL VEALE,</u>	ADDRESS <u>LAMAR, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1720 -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyeltis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>6050</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Lamar,</u> COUNTY <u>Barton</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3/27, 1950 to 4/28, 1950, that I last saw the deceased alive on 4/22/50, and that death occurred at 8:50p m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Cain, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>4/29/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LAMAR, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>MAY 1 - 1950</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME,</u> ADDRESS <u>LAMAR, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 8 1950

District Health Office No. 6,

District File Number 850-550

Date Filed 5-8-50

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Frank W. Denton

Signed.....  
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.