

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21230**

Registrar's No. **156**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **6010**

1. PLACE OF DEATH
a. COUNTY **Randolph**

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE **Missouri** b. COUNTY **Randolph**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
Rural Sugar Creek 40 years

c. CITY (If outside corporate limits, write RURAL and give township)
Rural Sugar Creek

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) d. STREET ADDRESS (If rural, give location)
RFD #3 Moberly 0888

3. NAME OF DECEASED (Type or Print)
a. (First) **CARSON** b. (Middle) **RAY** c. (Last) **LILLY**

4. DATE OF DEATH (Month) (Day) (Year)
June-27-1950

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Single** **8. DATE OF BIRTH** **April-4-1890**

9. AGE (In years last birthday) **60** **2** **23** **IF UNDER 24 HRS. Hours Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Merchant** **10b. KIND OF BUSINESS OR INDUSTRY** **Furnace Co.** **11. BIRTHPLACE** (State or foreign country) **Randolph County, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **James Lilly** **13b. MOTHER'S MAIDEN NAME** **Relda Pollard** **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give year or dates of service) **16. SOCIAL SECURITY NO.** **491-07-1485** **17. INFORMANT'S SIGNATURE OR NAME** **Carson Wayne Lilly Moberly MO.** **ADDRESS** _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES **Coronary heart disease**
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. **4201**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **June 1, 1950**, to **June 27, 1950**, that I last saw the deceased alive on **June 19, 1950**, and that death occurred at **6:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **H. C. Griffiths MD** (Degree or title) **23b. ADDRESS** **Moberly Mo** **23c. DATE SIGNED** **6-29-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **June-30-1950** **24c. NAME OF CEMETERY OR CREMATORY** **Felco Cemetery** **24d. LOCATION** (City, town, or county) (State) **Randolph Co. MO.**

DATE REC'D BY LOCAL REG. **6-29-50** **REGISTRAR'S SIGNATURE** **Beale McElreath** **25. FUNERAL DIRECTOR'S SIGNATURE** **Howe** **ADDRESS** **Home Moberly-MO.**

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

AUG 12 1950

RECEIVED JUL 3 1950
District Health Officer No. 70
District File Number 6-50-1064
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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

R. M. Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moherly 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.)

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