

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26979  
Registrar's No. 3439

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3439</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>46 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		3778			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4918 MONTGALL AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>4918 MONTGALL AVENUE</u>					
3. NAME OF DECEASED (Type or Print) <u>CHARLES FRANCIS LILLY</u>			a. (First) <u>CHARLES</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>LILLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-9-1950</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>JAN-13-1881</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Mts. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MAILER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STAR JOURNAL PUBLISHER</u>		11. BIRTHPLACE (State or foreign country) <u>PHILLIPSBURG, NEW JERSEY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>CHARLES F. LILLY</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGET CATON</u>		14. NAME OF HUSBAND OR WIFE <u>MADIE G. LILLY</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-05-4100</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MADIE G. LILLY</u> ADDRESS <u>4918 MONTGALL KANSAS CITY 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, ashenia, 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) <u>Carcinoma of Lung</u>				DUE TO (b) <u>Carcinoma of Bladder</u>				<u>1 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>18 1/2 hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder</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) (Min) _____		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>Feb.</u> , 19 <u>50</u> , to <u>8-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-8</u> , 19 <u>50</u> and that death occurred at <u>12:01 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. L. Laffoon, M.D.</u> (Degree or title)				23b. ADDRESS <u>Raytown Mo</u>		23c. DATE SIGNED <u>8-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>8-11-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>					

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

2:30-50

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 John E. Fraking

Signed.....  
Student Embalmer

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.