

No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 20 1950 STANDARD CERTIFICATE OF DEATH

State File No. 31144

0690
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5801 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp c. LENGTH OF STAY (In this place) 49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington TOWNSHIP. 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION HUNNEWELL, Mo # 2.		d. STREET ADDRESS (If rural, give location) HUNNEWELL, Mo # 2. 0	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) LILLIS	c. (Last) LILLIS
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 8-1950			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH December 6-1868
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9 Days 2	IF UNDER 11 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) DELANAN Illinois
12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME MICHAEL MULCRAY		13b. MOTHER'S MAIDEN NAME JOHANA RYAN	14. NAME OF HUSBAND OR WIFE Daniel H. Lillis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)? no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Ellen Lillis Hunnewell Mo # 2.	
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) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH onset April 1948
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral and analysis of limbs April chronic conditions of age		
	DUE TO (c) chronic conditions of age		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 334X	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 April , 1948, to Sept , 1950, that I last saw the deceased alive on July 2, 1950 and that death occurred at 11:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Vellis S. Christman M.D. (Degree or title)		23b. ADDRESS Paris, Mo.	23c. DATE SIGNED 9-10-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 11-1950	24c. NAME OF CEMETERY OR CREMATORY ST STEPHEN Cemetery	24d. LOCATION (City, town, or county) (State) MONROE County, Mo.
DATE REC'D BY LOCAL REG. 9-16-50	REGISTRAR'S SIGNATURE Anna M. Burdett	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS MONROE CITY MO.	

Date Received: SEP 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1
Date Filed: SEP 19 1950

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

Leslie L. Nelson

Licensed Embalmer No. *3014*

P. O. Address *Monroe 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.