

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34032

State File No.

0560
1

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4281</u>		Registrar's No. <u>91</u>		
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton Canton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton</u>		<u>0560</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 800 Clark</u>				d. STREET ADDRESS (If rural, give location) <u>800 Clark St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elias</u> b. (Middle) <u>Addison</u> c. (Last) <u>Lillard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 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>Aug. 10, 1876</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 Hrs. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lewis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David S.H.Lillard</u>			13b. MOTHER'S MAIDEN NAME <u>Artie M. Corder</u>			14. NAME OF HUSBAND OR WIFE <u>Francis E. Barker</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. E.A.Lillard, Canton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Knout</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>142X</u>						
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) _____				
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>April</u> , 19 <u>50</u> , to <u>Oct. 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 24</u> , 19 <u>50</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E.L. Lillard M.D.</u> (Degree or title)				23b. ADDRESS <u>Lat Bell Mo.</u>		23c. DATE SIGNED <u>10-23-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-23-50</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Backley Canton Mo.</u>				

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

Date Received: OCT 24 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-179
Date Filed: OCT 24 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 *Earl H. Barkley* _____

Licensed Embalmer No. *2615* _____

P. O. Address *Canton, 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.