

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4477  
 Registrar's No. 95-A

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon R.R. # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Richard</u> c. (Last) <u>Lillard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 31 1880</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Levi Lillard</u>	
13b. MOTHER'S MAIDEN NAME <u>Macdonia Rozier</u>		14. NAME OF HUSBAND OR WIFE <u>Royella Lillard</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 <u>Homer R. Lillard</u>		ADDRESS <u>Lebanon Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic pyelonephritis</u>  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senility and arteriosclerosis</u>	
19a. DATE OF OPERATION <u>2/1/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Right nephrectomy showed cyst of kidney which was bleeding profusely.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
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>1-27-</u> 19 <u>51</u> , to <u>2-6</u> 19 <u>51</u> , that I last saw the deceased alive on <u>2-6</u> 19 <u>51</u> , and that death occurred at <u>5:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter A. Smith M.D.</u>		23b. ADDRESS <u>404 Professional Bldg. Springfield, Mo.</u>	
23c. DATE SIGNED <u>2-10-51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		23f. DATE REC'D BY LOCAL REG. <u>2-12-51</u>	
REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Halman</u>	
ADDRESS <u>Lebanon, Mo.</u>		ADDRESS <u>Lebanon, Mo.</u>	

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

**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.