

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

957

State File No.

FILED FEB 15 1954 BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 719 E. High	
d. FULL NAME OF HOSPITAL OR INSTITUTION 719 E. High		0396	

3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) Fay c. (Last) LILLARD			4. DATE OF DEATH (Month) (Day) (Year) February 6, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Oct. 23, 1947		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY In School		11. BIRTHPLACE (State or foreign country) Springfield, Missouri	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME John Lillard		13b. MOTHER'S MAIDEN NAME Evelyn Lillard		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Oma Lillard Springfield Mo.	

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) Suffocation by Fire		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) 3rd degree burns over entire body			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 16			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Springfield, Greene Missouri (STATE) 123	

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 6, 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? House burned down	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00 A. m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) E. Allen Pickens Coroner		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 2-9-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
				24d. LOCATION (City, town, or county) (State) Springfield, Missouri	

DATE REC'D BY LOCAL REG. 2-10-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9c

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

710 Embalming
Ogden Stone Jr.

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

- 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.