

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17735

FILED JUN 3 1954

BIRTH NO. _____		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 6252		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY OR TOWN <u>Mill Spring</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Mill Spring</u>		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>LENNAL</u>		a. (First) <u>F.</u>		b. (Middle) <u>Bilbrey</u>		c. (Last)	
4. DATE OF DEATH <u>5-22-54</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 12, 1882</u>		9. AGE (in years last birthday) <u>71</u>		10. IF UNDER 1 YEAR: Days <u>7</u> Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co., Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Bilbrey</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Warren</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Lee Warren</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>449-34-9760</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Butler E. James</u>		ADDRESS <u>Mill Spring 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>Lung cancer lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) <u>Mill Spring Wayne Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-20-1954</u> , to <u>5-22-1954</u> , that I last saw the deceased alive on <u>5-21-1954</u> , and that death occurred at <u>1230 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. James, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton Co. Tenn.</u>		23c. DATE SIGNED <u>5-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cason Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Mill Spring Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u> 460		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman C. Bush</u>		ADDRESS <u>Clinton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 2 1954

WAYNE CO. HEALTH CENTER

FILE No. 654-25

JUN 3 1954

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Marvin E. Bowles

Licensed Embalmer No. *4426*

P. O. Address *Bedmont, 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.