

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38407**

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4447</u>		Registrar's No. <u>106</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY OR TOWN <u>Henrietta</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY OR TOWN <u>Henrietta</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street listed</u>				e. STREET ADDRESS (If rural, give location) <u>not named</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>BLACKWELL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 5, 1882</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>9</u>		11. DAYS <u>24</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ho usewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ft. Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alonzo Dee Willian</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Brown</u>		14. NAME OF HUSBAND OR WIFE <u>A.J. Blackwell</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>A.J. Blackwell, Henrietta, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arterial Sclerosis</u> Morbidity 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>Just</u> <u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>January, 1950</u> to <u>11/29/1954</u> , that I last saw the deceased alive on <u>11/29/1954</u> , and that death occurred at <u>3:15 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. E. Q. Ruvare</u>		23b. ADDRESS <u>1504 Richmond, Mo</u>		23c. DATE SIGNED <u>12/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 3-1954</u>		REGISTRAR'S SIGNATURE <u>Maluf Jackson</u> 213-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas J. Carter Richmond, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 31 1937

2023

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.....
Signature of Student Embalmer

Signed..... *Thomas J. Carter*

Licensed Embalmer No. *447*

P. O. Address *R. Richmond*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.