

FILED FEB 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3605

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registered No. 3

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN		e. STREET ADDRESS (If rural, give location) ORAN	
3. NAME OF DECEASED (Type or Print) LILLIE		a. (First) A. DOUGLAS	
b. (Middle)		c. (Last)	
4. DATE OF DEATH FEB. 1 1955		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MARCH 11 1886		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	
11. BIRTHPLACE (State or foreign country) TENN.		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME THOMAS KNIGHT		13b. MOTHER'S MAIDEN NAME MARY BROADWAY	
14. NAME OF HUSBAND OR WIFE JAMES DOUGLAS		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. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES DOUGLAS ORAN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) History of Hypertension DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> none	
21f. HOW DID INJURY OCCUR? none		22. I hereby certify that I attended the deceased from 1-27 1955, to 1-31 1955, that I last saw the deceased alive on Jan 31st, 1955, and that death occurred at 7:10 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Guyso Lable DO		23b. ADDRESS ORAN	
23c. DATE SIGNED 2-3-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE FEB. 4 1955		24c. NAME OF CEMETERY OR CREMATORY FRIEND	
24d. LOCATION (City, town, or county) (State) ORAN MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Fred Bishop 44570 ORAN, MO.	
DATE REC'D BY LOCAL REG. 2-6-55		REGISTRAR'S SIGNATURE	

DATE RECEIVED FEB. 7 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 255-1024

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Earl J. Smith

Licensed Embalmer No. 2674

P. O. Address Oran, 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.