

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1626

FILED MAY 31 1955

State File No.

| | | | | | | | |
|---|-------------------------------|--|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>153</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> | | | |
| b. CITY OR TOWN <u>HANNIBAL</u> | | c. LENGTH OF STAY (in this place) <u>1 DAY</u> | | c. CITY OR TOWN <u>HUNNEWELL Rural</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>HUNNEWELL, Mo. R.F.D. 0690</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>RICHARD</u> | | | b. (Middle) <u>JOHN</u> | | c. (Last) <u>LILLIS.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21- 1955</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>MARCH 7 1894</u> | | 9. AGE (In years last birthday) <u>61</u> | 10. UNDER 1 YEAR Days <u>2</u> | 11. UNDER 24 Hrs. Hours <u>14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>DELAVER Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>DANIEL H. LILLIS.</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARGARET MULCAHY</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 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>Fellen Yates, Monroe City, 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>Coronary thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | | | | ANTECEDENT CAUSES 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. <u>None</u> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <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>May 20, 1955</u> , to <u>May 21, 1955</u> , that I last saw the deceased alive on <u>May 20, 1955</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles R. Johnson MD.</u> | | | | 23b. ADDRESS <u>211 No. Main - Monroe City, Mo.</u> | | 23c. DATE SIGNED <u>May 23 '55</u> | |
| 24a. BURIAL, CREMATION, REBURYAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5-23-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. STEVENS Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Monroe County Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-24-55</u> | | REGISTRAR'S SIGNATURE <u>Dr. C. M. Lucke By M. C. Fisher</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SONS, Monroe City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 27 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 27 1955

OCT 24 1962

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.....
Signature of Student Embalmer

Signed Louise R. Gibson.....

Licensed Embalmer No. 3014.....

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