

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH 5013

State File No. 52

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

BIRTH NO.		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4007</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson</u>		c. LENGTH OF STAY (in this place) <u>1 yr 4 mo</u>		c. CITY OR TOWN <u>Fillmore</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>4 Miles East, 1 Mile South Fillmore, Mo.</u>				• STREET ADDRESS (If rural, give location) <u>4 miles E 233, 1 mile South Fillmore, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u>		b. (Middle) <u>Milton</u>		c. (Last) <u>Lillard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-10-1884</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>71</u> Days		IF UNDER 1 HR. Hours <u>71</u> Min.			
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>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Fillmore, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Leri Lillard</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Lillard</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eva Lillard Savannah, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>chronic hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>					<u>1 hr.</u>  <u>no facts</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (Min.)		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>Feb. 1</u> , 1956, to _____, 19____, that I last saw the deceased alive on <u>Feb. 3</u> , 19 <u>56</u> , and that death occurred at <u>2:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. R. Holliday M.D.</u>				23b. ADDRESS <u>Fillmore, Missouri</u>		23c. DATE SIGNED <u>2-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fillmore Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-10-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>2-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Savannah, Mo.</u>			

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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 *W. A. Rich*.....

Licensed Embalmer No. *47*.....

P. O. Address *Savannah*.....

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.