

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040761

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 209 Primary Registration District No. 5760 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY BREVARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Fabius Sup Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MERRITT ISLAND Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION 5 mi. No. Palmyra		d. STREET ADDRESS NONE (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PERRY Middle DAVID Last LILLARD			4. DATE OF DEATH NOV. 8, 1958 Month Day Year		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 23, 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) MAYWOOD, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME D. TAYLOR LILLARD	14. MOTHER'S MAIDEN NAME BESSIE MOORE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 494-20-5217	17. INFORMANT Address LUCILLE LILLARD MERRITT ISLAND, FLORIDA
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Lung		INTERVAL BETWEEN ONSET AND DEATH 4 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1561
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 11-8-58 to 11-8 and last saw her alive on 11-20-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Robert C. Murphy MD	22b. ADDRESS 1416 Maive Jones St	22c. DATE SIGNED 11-8-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11/10/58	23c. NAME OF CEMETERY OR CREMATORY LUTHERN	23d. LOCATION (City, town or county) (State) PEORIA, ILLINOIS
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24. FUNERAL DIRECTOR Charles L. Arnold ADDRESS Lewistown, Mo.	25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Paula Lee, Deputy
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

189

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED NOV 18 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 1958

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.....
Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.