

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044791

State File No. ....

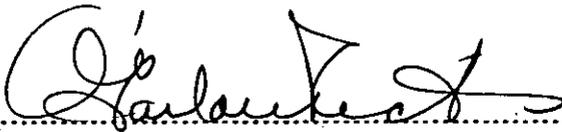
FILED JAN 7 1959

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>		c. CITY OR TOWN <u>Elsberry</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LaDelle Nurs. Home</u>				e. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>James</u>		a. (First)		b. (Middle) <u>Thomas</u>		c. (Last) <u>Lilley</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED?</u>		8. DATE OF BIRTH <u>SEPT. 10, 1876</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1958</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Varied</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>RFD - Elsberry, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>JOSEPH LILLEY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Stewart</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS LILLEY - ELSBERRY, Mo.</u>				ADDRESS _____	
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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) m. _____		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>July 16, 1958</u> , to <u>Nov 27, 1958</u> , that I last saw the deceased alive on <u>Nov 24, 1958</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. N. Hull, MD</u>				23b. ADDRESS <u>Elsberry Mo</u>		23c. DATE SIGNED <u>Dec 1, 1958</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 29, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo</u>			
DATE REC'D BY LOCAL REG. <u>1/5/1959</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. C. Ricks - Elsberry, Mo</u>				ADDRESS _____	

**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 .....

Licensed Embalmer No. 401

P. O. Address. Colberry

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.