ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

-61-002096
STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. [illegible] Registrar's No. 1

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton — Length of stay in 1b 20 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 612 Madison — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Lela Middle May Last Lillard
4. DATE OF DEATH Month January Day 4, Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH 5-15-1878
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) La Grange, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William E. Day
13b. MOTHER'S MAIDEN NAME Kate Adeling
14. NAME OF HUSBAND OR WIFE John A. Lillard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Dorthea Lillard, Canton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure — 5-6 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic carcinoma of left breast 2 years
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-3-61, to 1-4-61 and last saw her/him alive on 1-4-61
Death occurred at 8:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Schlapphorst Dr.
22b. ADDRESS Canton Mo.
22c. DATE SIGNED 1/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-7-1961
23c. NAME OF CEMETERY OR CREMATORY Ten Mile Cemetery
23d. LOCATION (City, town, or county) Lewis County, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Earl H. Barkley, Canton, Mo.
25. DATE RECD. BY LOCAL REG. 1-7-'61
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1961

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Cambridge, Md

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.