

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036581

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 998

FILED NOV 16 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 13 years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 603 Mt. Vernon		d. STREET ADDRESS (If outside, give location) 603 Mt. Vernon	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Anna Middle Last Lillard			4. DATE OF DEATH Month Oct. Day 19 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/10/1882	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Matthew Buckle		13b. MOTHER'S MAIDEN NAME Maggie Gump		14. NAME OF HUSBAND OR WIFE Mark F. Lillard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Oscar T. Hicklin, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 days
IMMEDIATE CAUSE (a) Pneumonia, Lobar		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchiectasis	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour 9 Month, Day, Year present a.m. p.m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene	STATE Missouri
21. I attended the deceased from 1956 to present and last saw ^{her} him alive on Oct. 19, 1961 Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Gene W. Lathrop M.D.</i> (Degree or title)		22b. ADDRESS 1636 S. Glenstone, Springfield	22c. DATE SIGNED 10-21-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 21, 1961	23c. NAME OF CEMETERY OR CREMATORY White Chapel	23d. LOCATION (City, town, or county) (State) Springfield Missouri
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Inc. Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 10-23-61	26. REGISTRAR'S SIGNATURE <i>Eddie S. Melton</i>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Louis Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield

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.