

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000914
STATE FILE NUMBER

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 10

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sheridan Twp</u>		Length of stay in Twp <u>30 yrs.</u>	c. CITY OR TOWN <u>Red Top</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>14 mi. S. of Buffalo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>14 mi. S. of Buffalo</u>

3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>E.</u> Last <u>LILLEGARD</u>	4. DATE OF DEATH Month <u>Jan</u> Day <u>6</u> Year <u>1962</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 18, 1894</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer + Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Rolle, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wesley Lillegard</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Price</u>	14. NAME OF HUSBAND OR WIFE <u>Virgil Lillegard Morett, mo.</u>
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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.	17. INFORMANT <u>Virgil Lillegard Morett, mo.</u>	Address
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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) <u>Carcinoma of prostate gland</u> DUE TO (b) <u>with widespread metastases</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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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.)
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m.	Month, Day, Year
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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 <u>Springfield, Mo</u>	COUNTY <u>Dallas</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>6 Nov 1961</u> to <u>6 Jan 1962</u> and last saw him/her alive on <u>4 December 1961</u> Death occurred at <u>unlabeled 300p</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Francis M. Maple MD</u>	(Degree or title)	22b. ADDRESS <u>Springfield, Mo</u>	22c. DATE SIGNED <u>16 Jan 62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 9, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Red Top Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>L. B. Jones</u>	ADDRESS <u>Buffalo, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1/8/1962</u>	26. REGISTRAR'S SIGNATURE <u>Max Whitely R.</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

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 R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, Mo

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.