

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021792

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 205

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b 11 days	c. CITY OR TOWN WILLIAMSTOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXX
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH FRANCIS LILLARD			4. DATE OF DEATH Month Day Year JUNE 28, 1962
5. SEX WHITE 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 8/28/77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	9. AGE (last birthday) 84
11. BIRTHPLACE (City and state or country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOSEPH LILLARD		13b. MOTHER'S MAIDEN NAME MARY LANDRUM	
14. NAME OF HUSBAND OR WIFE AUDRA LILLARD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXXXXXXXXXX	
16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT Address PORTER LILLARD, MAYWOOD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia DUE TO (b) Chronic glomerulonephritis DUE TO (c) 5-10 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease, Bronchopneumonia			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from 6-17-62 to 6-28-62 and last saw ^{her} him alive on 6-28-62 Death occurred at 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clarence L. Booher D.D.		22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 6-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/1/62	23c. NAME OF CEMETERY OR CREMATORY PROVIDENCE	23d. LOCATION (City, town, or county) (State) WILLIAMSTOWN, MISSOURI
24. FUNERAL DIRECTOR Charles L. Amodeo		25. DATE RECD. BY LOCAL REG. June 29, 1962	26. REGISTRAR'S SIGNATURE Doris W. Rattiff

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

VS 300 Rev. 4/59
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USE BLACK INK OR TYPEWRITER RIBBON

Permit issued June 29, 1962

CLARENCE L. BOOTHER, D.D.

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, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.