FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 17 1948
Registration District No. 22 1 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23594
Primary Registration District No. 5779
Registrar's No. 32

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural - Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Light House Lodge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Light House Lodge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Lucille Bryant Lillibridge
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas S. Lillibridge
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased June (Month) 5 (Day) 1868 (Year)

8. AGE: Years 80 Months 0 Days 10 If less than one day hr. min.
9. Birthplace Savannah (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Wm H. Bryant
13. Birthplace Crab Orchard Spring - Ky. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Mary E. Butcher
15. Birthplace Crab Orchard Sp. Ky. (City, town, or county) (State or foreign country)

16. (a) Informant D. B. Lillibridge
(b) Address Lake Ozark Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Cem.
18. (a) Signature of funeral director Scott McKinzie
(b) Address Eldon Mo
19. (a) 7-5-48 (Date received local registrar) (b) Alvaretta Walk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 3
year 1948 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 20, 1948 to July 3, 1948, that I last saw h. e.m. alive on July 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis Cerebral artery	
Due to Myocarditis & fibrillation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. O. Shelton (M. D. or other) M.D.
Address Date signed July 4 '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUL 16 1948
Date Filed

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~~ .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Keith M Kay

Licensed Embalmer No. 2998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.