

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24536**

FILED **AUG 3 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **127** PRIMARY REG. DIST. NO. **3023** Registrar's No. **172**

0422

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Clinton Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Gene Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>541 S Cooper st</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>W Lilliston</b> c. (Last) <b>Lilliston</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>	8. DATE OF BIRTH <b>9/1/1879</b>	9. AGE (If years last birthday) <b>73</b>	10. IF UNDER 1 YEAR Months	10. IF UNDER 1 YEAR Days	10. IF UNDER 1 YEAR Hours	10. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Taylorville Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles Lilliston</b>	13b. MOTHER'S M maiden NAME <b>Sarah Bondal</b>	14. NAME OF HUSBAND OR WIFE <b>Martha</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs George Lilliston</b>	17. ADDRESS <b>Clinton</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>Cancer</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pyria stupris</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma pyria end of stomach</b> DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>151 X</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Is</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 1953**, to **July 29, 1953**, that I last saw the deceased alive on **July 24, 1953**, and that death occurred at **7:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. B. Hughes</b> (Degree or title) <b>W.D.</b>	23b. ADDRESS <b>Clinton, Mo.</b>	23c. DATE SIGNED <b>7/30/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/1/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>
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DATE REC'D BY LOCAL REG <b>Aug 1-53</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J E Consalus</b>	ADDRESS <b>Clinton Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 5 1934

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 .....  
Student Embalmer

Signed

*J. E. Conner*

Licensed Embalmer No. 1891

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.