

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1575

State File No.

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Laclede County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>LEBANON</u>	c. LENGTH OF STAY (in this place) (township) <u>2 months</u>	c. CITY OR TOWN <u>Lake Ozark</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KNOX NURSING HOME</u>		STREET ADDRESS (If rural, give location) <u>Trone 06601</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>Swift</u> c. (Last) <u>Lillibridge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 11 1955</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN 18 - 1862</u>	9. AGE (in years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Pleasant Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Benj. B. Lillibridge</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha S. Swift</u>	14. NAME OF HUSBAND OR WIFE <u>Lucielle BRYANT</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. Lillibridge</u> ADDRESS <u>Lake Ozark, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute VIRUS ENTERITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	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)	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 JAN 10 1955, to JAN 11 1955, that I last saw the deceased alive on JAN 11 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Baker</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>LEBANON Mo.</u>	23c. DATE SIGNED <u>1-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>13 JAN - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	24d. LOCATION (City, town, or county) (State) <u>SAVANNAH - MO</u>
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DATE REC'D BY LOCAL REG. <u>1-11-1955</u>	REGISTRAR'S SIGNATURE <u>Wella L. Hayes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Keys</u> ADDRESS <u>Eldon, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

Received 1-15-53
Laclede County Health Unit
File No. 6
Date Filed 1-17-53

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 Arthur M. Kay
Licensed Embalmer No. 399
P. O. Address Eldon

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.