

STANDARD CERTIFICATE OF DEATH

State File No. 36032

Registration District No. 664

Primary Registration District No. 5883

Registrar's No. 17

I. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Rural Elk Fork Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8 Miles north Greenridge, Mo.  
(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)

3. (a) PRINT FULL NAME Charles S. Dilse

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-16-3075

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 19 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 10 27 hr. \_\_\_\_\_ min.

9. Birthplace Clarksburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Helper

11. Industry or business Not Employed

MOTHER FATHER { 12. Name John Dilse  
13. Birthplace Syracuse Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Wigton  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norman Taylor  
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) Oct 19/1940 (b) W. R. Shelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1908 So. Washington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from as coroner case only, 19 \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary sclerosis

Due to \_\_\_\_\_  
Other conditions Cholelithiasis + Cholecystitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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 Ernest Stauffer (M. D. or other) MD  
Address Coroner Pettis Co Date signed 10-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 L. E. Boulchir

Licensed Embalmer No. 3967

P. O. Address Seaside 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, above space should be left blank.**