

FILED NOV 12 1947

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Monroe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours (Specify whether) MS  
In this community lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
(c) City or town Unionville  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME

Trusten Liley

3. (b) If veteran, name war. ....

3. (c) Social security No. ....

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ocie R. Liley

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 8 (Month) (Day) (Year) 1895

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1947 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 17 to Oct 17, 1947, that I last saw him alive on Oct 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis Duration 5 minutes  
Due to Cerebral hemorrhage 3 hours

Due to arteriosclerosis & hypertension 15 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Chas. L. Smith (M. D. or other) MD  
Address Unionville, MO Date signed 10/17/47

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

MOTHER FATHER

12. Name John Wesley Liley

13. Birthplace Putnam Co., Missouri (City, town, or county) (State or foreign country)

14. Maiden name Melanda Fichtmaster

15. Birthplace Clark Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ocie R. Liley  
(b) Address Unionville, MO

17. (a) Burial (b) Date thereof Oct 20, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Lemons, Mo., Cemetery

18. (a) Signature of funeral director Emmanuel  
(b) Address Unionville, MO  
19. (a) 11-4-47 (Date received from registrar) (b) Marvell Sturbin (Registrar's signature) 721

RECEIVED  
District Health Officer No. KC  
District File Number 11-47-155  
Date Filed - NOV 11 1947

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Princeton, 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.