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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 4 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 25

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

4  
3  
1

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Levering Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community Life time  
years, months or days

3. (a) PRINT FULL NAME Dorian A. Stillions

3. (b) If veteran, name war World War #1

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 28 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 8 16 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name F.M. Stillions

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lane

15. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant R.H. Stillions

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 1/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery - Palmyra

18. (a) Signature of funeral director Lewis Briss

(b) Address Palmyra Missouri

19. (a) 1-21-48 (b) M. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Liberty Township  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17  
year 1948 hour 4 minute 10 p. m.

21. I hereby certify that I attended the deceased from Jan 15  
1948 to Jan 17 1948  
that I last saw him alive on Jan 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

bowel obstruction  
 myocardial failure  
 (toxic)

Due to

Duration

13 days  
1 day

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Large Coagula-litha  
found in transverse colon  
Of autopsy and terminal ileum

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?

18. (a) Signature of funeral director Lewis Briss

(b) Address Palmyra Missouri

19. (a) 1-21-48 (b) M. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

23. Signature M. D. Murphy (M. D. or other) M. D.  
Address Hannibal, Mo. Date signed 1-21-48

MAR 3 1948

**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 Chas. Lewis

Licensed Embalmer No. 2382

P. O. Address Delmar, Del

**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.**