

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29217

BIRTH NO. _____		REG. DIST. NO. 57		PRIMARY REG. DIST. NO. 5201		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>BOSWORTH RURAL DEWITT</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY OR TOWN <u>BOSWORTH</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 _____				f. STREET ADDRESS (If rural, give location) <u>ROUTE 1, DEWITT TOWNSHIP 0170</u>			
3. NAME OF DECEASED a. (First) <u>LEWIS</u>			b. (Middle) <u>EVERETT</u>		c. (Last) <u>DILLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 3, 1891</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLIAN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT NELSON DILLEY</u>			13b. MOTHER'S MAIDEN NAME <u>IDA FLUENCE DAVENPORT</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. TRUDA DILLEY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-34-6245</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEWIS DILLEY</u> ADDRESS <u>BOSWORTH, MO. Rte 1</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <u>Hypertrophy Heart 5 years</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>50</u> , to <u>Sept; 16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept; 16</u> , 19 <u>55</u> , and that death occurred at <u>2 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Peter</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Brunswick MO</u>		23c. DATE SIGNED <u>Sept; 23-55</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 23-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PLATEAU MO</u>		
DATE REC'D BY LOCAL REG. <u>Sept 24-1955</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u> 47		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leina Edwards</u> ADDRESS <u>Bosworth MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0. 48

JUL 8 1958

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 *David J. Edwards*.....

Licensed Embalmer No. *3268*

P. O. Address *Barnworth W*

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.