

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1137
36

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>6 hours</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Athens Township</u> <u>0380</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Frank</u> c. (Last) <u>Dills</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1956</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>Oct. 12 1881</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HOURS <u>24</u>		IF UNDER 12 HRS. <u>24</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>General F.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert A. Dills</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bentley</u>			14. NAME OF HUSBAND OR WIFE <u>Rhoda Steel Dills</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rhoda Dills, Albany, Mo. R.F.</u> ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		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>2-6</u> , 19 <u>56</u> , to <u>2-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>56</u> , and that death occurred at <u>7 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Gullent H. Thorge MD</u>				23b. ADDRESS <u>Bethany, Mo</u>		23c. DATE SIGNED <u>2-7-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-9-56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Broth</u>		ADDRESS <u>Albany Mo</u>		

(Licensed Embalmer's Statement of Reverse Side)

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

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 Me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed, *Alfred Burns*.....

Licensed Embalmer No. 3329.....

P. O. Address Albany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.