

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017464
STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 132 Primary Registration District No.

Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Twp.		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #1 Trenton		d. STREET ADDRESS (If outside, give location) RFD #1	
3. NAME OF DECEASED (Type or print) First Emmett Middle E. Last Dilley		4. DATE OF DEATH Month May Day 28 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor R.R.		10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and state or country) Mo. Fall, Mo.
13a. FATHER'S NAME William F. Dilley		13b. MOTHER'S MAIDEN NAME Elizabeth Robertson	14. NAME OF HUSBAND OR WIFE Amy Dilley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 707-16-4807	17. INFORMANT Address Amy Dilley RFD #1 Trenton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cancer Liver DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 6 mos. 3 mos.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1810	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 18, 1959 to May 28, 1959 and last saw her alive on May 27, 1959 Death occurred at 5:05 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. A. Duffy M.D. (Degree as title)		22b. ADDRESS Trenton, Missouri	
22c. DATE SIGNED 5/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Grove	23d. LOCATION (City, town, or county) (State) Trenton, Mo.
24. FUNERAL DIRECTOR J. Gordon Blackmore, Trenton ADDRESS _____		25. DATE RECD. BY LOCAL REG. 5/30/59	
		26. REGISTRAR'S SIGNATURE Gene Jar	

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6961 2 1 NOV

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 *Claude H. Crandall Jr*

Licensed Embalmer No. *7986*.....

P. O. Address *Trenton, 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.