URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–037039

STATE FILE NUMBER

FILED VS NOV 16 1959

AMENDED

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Freeburgtain — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION John Rudruff home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN RichFountain — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Lena Middle Marie Last Dill
4. DATE OF DEATH: Month November Day 8 Year 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/13/1889
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 1 Days 15 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home-maker
11. BIRTHPLACE (City and state or country): Rich Fountain
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Brendel
13b. MOTHER'S MAIDEN NAME: Gertrude Reichel
14. NAME OF HUSBAND OR WIFE: Fred Dill (dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 496-40-9177
17. INFORMANT: Mrs Bertha Hartman — Address: Rich Fountain Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 1956, to Nov 8, 1959 and last saw her/him alive on Oct 30, 1959
Death occurred at 6:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. B. Slebla (Degree or title) M.D.
22b. ADDRESS Jefferson City, Mo.
22c. DATE SIGNED 11-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/11/59
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart cemetery
23d. LOCATION (City, town, or county) (State): Rich Fountain Mo

24. FUNERAL DIRECTOR: Clyde Morton — ADDRESS: Linn Mo
25. DATE RECD. BY LOCAL REG.: 11/9/59
26. REGISTRAR'S SIGNATURE: Mrs. Clyde Morton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vernon M. Mont

Signature of Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lenn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.