

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002963

FILED VS FEB 2 1960

298

Primary Registration District No. 6023

15

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knoxville		Length of stay in 1b 79 years		c. CITY OR TOWN Rayville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles south of Knoxville. RFD # 1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 3 miles south of Knoxville RFD # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bertha Middle Alice Last Lile				4. DATE OF DEATH Month January Day 20 , Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-5-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Ray County Missouri		12. CITIZEN OF WHAT COUNTRY United States		
13a. FATHER'S NAME Millard C. Hill			13b. MOTHER'S MAIDEN NAME Isabel Davis		14. NAME OF HUSBAND OR WIFE Henry Hovey Lile			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Millard Whitmer Lile Address Rayville, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH		
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 1-10-60 , to _____ and last saw her alive on 1-19-60 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Thomas W. Cook M.D.				22b. ADDRESS Richmond Mo		22c. DATE SIGNED 1-22-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-23-1960	23c. NAME OF CEMETERY OR CREMATORY Kincaid Cemetery		23d. LOCATION (City, town, or county) (State) Ray County, Missouri				
24. FUNERAL DIRECTOR ADDRESS Guest Life Funeral Home Richmond, Missouri			25. DATE RECD. BY LOCAL REG. 1-25-1960		26. REGISTRAR'S SIGNATURE Malcolm Jackson			

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George K. Bile

Licensed Embalmer No. 4066

P. O. Address Perkins

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.