

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 4200 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Grove</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Residence 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>		b. (Middle)		c. (Last) <u>LILES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-49</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>12-22-1878</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bill Baldwin</u>		ADDRESS <u>Ash Grove</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>probably 5 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>				probably 2 years	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>692</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 5, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Charles H. Orr</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ash Grove, Mo.</u>		23c. DATE SIGNED <u>Jan 22-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scymore</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1/25/49</u>		REGISTRAR'S SIGNATURE <u>Orene H. Wilson</u> 104		25. FUNERAL DIRECTOR'S SIGNATURE <u>Minnie Luman</u> Ash Grove Mo.		ADDRESS	
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED  
Greene County Health Office,  
County File Number 49-1-9  
Date Filed 1-27-49

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 \_\_\_\_\_

*Paul V. Gouty*

Student Embalmer No. 236

working under my personal supervision.

Signed *Paul V. Gouty*  
Student Embalmer

Signed *L. P. Lemmon*

Licensed Embalmer No. 3297

P. O. Address *Miller 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 this body is not embalmed, fact should be so stated above.