S. No. 300
r. 10-48

FILED JUL 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5147 22959
State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 239

5140

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

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Auxvasse
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Auxvasse
d. STREET ADDRESS (If rural, give location) R# Portland

3. NAME OF DECEASED (Type or Print)
a. (First) Fred
b. (Middle)
c. (Last) Illig

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May-10-1870
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months 2 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Portland, Mo
12. CITIZEN OF WHAT COUNTRY? U Sa

13a. FATHER'S NAME Herman Illig
13b. MOTHER'S MAIDEN NAME Cecelia ??
14. NAME OF HUSBAND OR WIFE Josephine

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Fred Illig, Portland Mo 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hostile Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4 Sol.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1949, *to* 7-16, 1950, *that I last saw the deceased alive on* 7-1, 1950, *and that death occurred at* 108 *m., from the causes and on the date stated above.*

23a. SIGNATURE W O Payne (Degree or title) MD
23b. ADDRESS R#6 Fulton
23c. DATE SIGNED 7-17-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July-19-1950
24c. NAME OF CEMETERY OR CREMATORY Bethel Ch. Cemetery
24d. LOCATION (City, town, or county) Readsville (State) Mo

DATE REC'D BY LOCAL REG. July-19-1950
REGISTRAR'S SIGNATURE Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1956

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 .....
Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.