S. No. 300
v. 10.48

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5513

State File No.

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 4249 Registrar's No. 13

0500 4

1. PLACE OF DEATH
a. COUNTY: Jefferson,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro, Mo
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar Grove Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellville 1120 2
d. STREET ADDRESS (If rural, give location): 416 south 10th st.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): William Dill, Sr.

4. DATE OF DEATH (Month) (Day) (Year): 2- 11- 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 17, 1877
9. AGE (In years last birthday): 74 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Stove Foundry
11. BIRTHPLACE (State or foreign country): Bellville, Ill
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Martin Dill
13b. MOTHER'S MAIDEN NAME: Caroline Hoffmann
14. NAME OF HUSBAND OR WIFE: Gertrude Dill

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.: 328-03-4586
17. INFORMANT'S SIGNATURE OR NAME: Mrs Gertrude Dill
ADDRESS: Bellville, Ill

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4500
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): – a.m. p.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* 2-10, 1952, *to* 2-11, 1952, *that I last saw the deceased alive on* 2-11-, 1952, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas Dobbins M.D.
23b. ADDRESS: Hillsboro, Mo.
23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 2-14-52
24c. NAME OF CEMETERY OR CREMATORY: Walnut Hill cem.
24d. LOCATION (City, town, or county) (State): Bellville, Ill.

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Kathleen Marsden
25. FUNERAL DIRECTOR'S SIGNATURE: Gaertner Funeral Home
ADDRESS: Bellville, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

0 5 X

MAR 25 1959
MAR 19 1959
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
FEB 21 REC'D

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 Ronald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis, 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.