

STANDARD CERTIFICATE OF DEATH

State File No. 035459

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3580 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If (institutions) before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Groves Twp.		c. LENGTH OF STAY (In this place) 43 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Twin Groves Twp.		d. STREET ADDRESS (If rural, give location) Rural Rt # 1 Carl Junction,
d. FULL NAME OF HOSPITAL OR INSTITUTION Carl Junction Rt. 1 Mo.			4. DATE OF DEATH (Month) (Day) (Year) October 17, 1952		
3. NAME OF DECEASED a. (First) JOHN			b. (Middle) C.	c. (Last) RILL	4. DATE OF DEATH (Month) (Day) (Year) October 17, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 2, 1867	9. AGE (In years last birthday) 85	10. MONTHS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Prospect, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE Lucy Jane Rill (deceased)	
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'S SIGNATURE OR NAME ADDRESS William A. Rill Rt 1 Carl Junction Mo.			
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) Acute Coronary Occlusion ANTECEDENT CAUSES Myocardial Infarction DUE TO (b) Chronic Nephritis & Hypertension 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	19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1952, to Oct. 10, 1952, that I last saw the deceased alive on Dec 10, 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. M. Pinkerton, D.O.			23b. ADDRESS Carl Junction Mo.		23c. DATE SIGNED 10-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	24d. LOCATION (City, town, or county) (State) Jasper Co. Missouri		
DATE REC'D BY LOCAL REG. Oct. 18 - 1952	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/812

Date Filed 10-27-52

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

Richard Gray Lewis

Licensed Embalmer No. *4415*

P. O. Address *W. B. City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.