

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27700**

FILED AUG 28 1953

BIRTH NO. REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, LORANCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, LORANCE TWP.	
c. LENGTH OF STAY (in this place) LIFETIME		d. STREET ADDRESS (If rural, give location) NEAR LUTESVILLE 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR LUTESVILLE			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) MONROE c. (Last) LILEY	4. DATE OF DEATH (Month) (Day) (Year) 8-19-1953
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-11-1870	9. AGE (In years last birthday) 83 If under 1 year: Months 6 Days 7 If under 1 hr. Hours 7 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MASTON LILEY	13b. MOTHER'S MAIDEN NAME MARY HARTLINE	14. NAME OF HUSBAND OR WIFE DECEASED
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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 GREN S. LILEY ADDRESS 8 HOBBS TERRACE
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia	b. Ph. Myocarditis		
ANTECEDENT CAUSES	DUE TO (b) Ph. Myocarditis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Senility		
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 490 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **Aug 13, 1953** to **Aug 13, 1953**, that I last saw the deceased alive on **Aug 13, 1953** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Pounce (Degree or title)	23b. ADDRESS Mo. Lutesville	23c. DATE SIGNED 8/18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-19-53	24c. NAME OF CEMETERY OR CREMATORY CANE CREEK CEM.	24d. LOCATION (City, town, or county) (State) BOLLINGER Co. Mo.
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DATE REC'D BY LOCAL REG. 8-19-1953	REGISTRAR'S SIGNATURE Willie VanAntwerp	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME ADDRESS LUTESVILLE, MO.
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(Licensed Embalmers' Statement on Reverse Side)

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

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.