

FILED SEP 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31239**  
Registrar's No. **136**

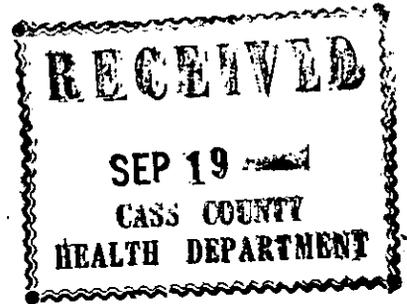
BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5227</b>		Registrar's No. <b>136</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rural ( Peculiar)</b> ) c. LENGTH OF STAY (In this place) <b>18</b> years d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 miles S.W. Pleasant Hill</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <b>Rural ( Peculiar)</b> d. STREET ADDRESS (If rural, give location) <b>5 miles S.W. Pleasant Hill</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERNIE</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>CARLILE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-9-1953</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>10-14-1897</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Logan, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Killpack</b>		13b. MOTHER'S MAIDEN NAME <b>Georgiana Chaptman</b>		14. NAME OF HUSBAND OR WIFE <b>J.W. Carlile</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.W. Carlile Pleasant Hill, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute anterior coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) (Min.) _____		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 <b>9-9-1953</b> to <b>9-9-1953</b> that I last saw the deceased alive on <b>9-9-1953</b> and that death occurred at <b>6:45 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Edward M.D.</b>				23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>9-11-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-12-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, MO.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>Sept. 14, 1953</b>		REGISTRAR'S SIGNATURE <b>Dora Barward</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Burward</b>		ADDRESS _____	

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

0190

0190

Sept. 14, 1953



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**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

*Allen Bensell*

Licensed Embalmer No. *3785*

P. O. Address *Almond Hill*

**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.