0.300
0.48

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36591

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL — JACKSON TWP.
c. LENGTH OF STAY (in this place): 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #3 PARIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL — JACKSON TWP.
d. STREET ADDRESS (If rural, give location): R.F.D. #3, PARIS 0698

3. NAME OF DECEASED (Type or Print)
a. (First): MAGGIE
b. (Middle): O.
c. (Last): DILL

4. DATE OF DEATH (Month) (Day) (Year): OCT. 28, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 1st 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Mm S. WALLACE
13b. MOTHER'S MAIDEN NAME: LAURA VIRGINIA HEREHER
14. NAME OF HUSBAND OR WIFE: ELMER H. 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.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: LOWELL DILL, PARIS, 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): Hemostatic pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): carcinoma of cervix and adenoma
DUE TO (c): Extension to colon.

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

INTERVAL BETWEEN ONSET AND DEATH

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* June, 1948, *to* Oct 28, 1953, *that I last saw the deceased alive on* Oct 28, 1953, *and that death occurred at* 11 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nellie S. Christmas D.O.
23b. ADDRESS: PARIS, MO.
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT. 30, 53
24c. NAME OF CEMETERY OR CREMATORY: CEDAR GROVE
24d. LOCATION (City, town, or county) (State): MONROE CO, MO.

DATE REC'D BY LOCAL REG.: 10/29/53
REGISTRAR'S SIGNATURE: F. A. Barnes M.D. 435
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's 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 E. E. Wyneu

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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

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