

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33548

State File No.

No. 300
10-48

FILED OCT 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5445-</u>		Registrar's No. <u>96</u>			
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bogle T.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bogle T.</u>		d. STREET ADDRESS (If rural, give location) <u>2380</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u>			b. (Middle)			c. (Last) <u>Dills</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1954</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 2, 1867</u>			
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Madison Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Levi Todd</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Vaughn</u>			14. NAME OF HUSBAND OR WIFE <u>J. W. Dills</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Tressie Dills</u>				ADDRESS <u>Albany, Mo.</u>	
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				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				<u>Cerebral Thrombosis</u> <u>Senility</u>					
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 <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <u>Jan 2, 1953</u> , to <u>Oct 1, 1954</u> that I last saw the deceased alive on <u>Oct 1, 1954</u> , and that death occurred at <u>1:40 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. J. Pray, D.O.</u>				23b. ADDRESS <u>Albany, Mo.</u>				23c. DATE SIGNED <u>10-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 11-54</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>			462. 55. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Brown</u>		ADDRESS <u>Albany Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0250

APR 23 1957

JUN 4 1957

NOV 23 1957

AUG 12 1957

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. Herbert Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.