

No. 300
10-48

FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12646

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill. b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Kinderhook		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				e. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) Cornelius		a. (First)		b. (Middle) Dilley		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 4 - 28 - 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct 9, 1864		9. AGE (In years last birthday) 90		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and State or Foreign Country) Kinderhook, Ill. /		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Cornelius Dilley		13b. MOTHER'S MAIDEN NAME Lovina Stowell	
14. NAME OF HUSBAND OR WIFE Ella Dilley (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. -----		17. INFORMANT'S SIGNATURE OR NAME Harold Dilley	
18. CAUSE OF DEATH PER line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonic embolization type undetermined</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility & Heart failure</u> 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 <u>2 wks</u> <u>7</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 4/28/55, 1955, to 4/29/55, 1955, that I last saw the deceased alive on 4/28/55, 1955, and that death occurred at 9:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard M. Strong M.D.</u>				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>4-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-1955		24c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery		24d. LOCATION (City, town, or county) (State) Kinderhook, Ill.	
DATE REC'D BY LOCAL REG. 4-29-55		REGISTRAR'S SIGNATURE <u>Ed. Con Lucke By W. C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Salch Clark</u>		ADDRESS Hannibal, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 4 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 4 1955

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....4217.

P. O. Address...Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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