

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37698**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>30</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Bunceton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>209 East 7th</b>				STREET ADDRESS (If rural, give location) <b>0271</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>		b. (Middle)		c. (Last) <b>FILLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 12th, 1887</b>	
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmers Elevator</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Francis Milton Filler</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Mc Millen</b>			14. NAME OF HUSBAND OR WIFE <b>Helen Filler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>World War #1 Not known</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen Filler</b>		ADDRESS <b>Bunceton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis - ASAC</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) <b>4500</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Duodenal ulcer - Parkinsonism</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>  <b>5 yrs.</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>10-12</b> , 1955, to <b>11-30</b> , 1955, that I last saw the deceased alive on <b>11-30</b> , 1955, and that death occurred at <b>10 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Alvin L Lowe M.D.</b>				23b. ADDRESS <b>Sedalia Mo.</b>		23c. DATE SIGNED <b>12-1-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 2, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bunceton, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-2-55</b>		REGISTRAR'S SIGNATURE <b>Alvin L Lowe</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richard</b>		ADDRESS <b>251 - C</b>	

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

220 7

MAY 21 1958

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 *James E. Richards*  
Licensed Embalmer No. *34*  
P. O. Address *Tipton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.