

No. 300
0-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13729

State File No.

FILED MAY 8 1956

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 91

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u> | | c. CITY OR TOWN <u>Carthage</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>50 yrs</u> | | STREET ADDRESS (If rural, give location) <u>203 S. Fulton St. 0493</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 S. Fulton St.</u> | | | |

| | | | |
|---|-------------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> | b. (Middle) <u>WASHINGTON</u> | c. (Last) <u>ILLICK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1956</u> |
|---|-------------------------------|-------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 26, 1875</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Christian Co, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|--|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Frank Illick</u> | 13b. MOTHER'S MAIDEN NAME <u>Hannah Milton</u> | 14. NAME OF HUSBAND OR WIFE <u>Effie Illick</u> |
|--|--|---|

| | | | |
|---|---|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-05-7320</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Scofield, Lamar, Mo</u> | ADDRESS <u>Lamar, 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>unknown</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of the tail of the pancreas</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>the pancreas</u> DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>metastases to liver; arteriosclerotic heart disease</u> | | 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>757X</u> | 20. AUTOPSY? YES <input checked="" 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 Nov. 8, 1954, to April 19, 1956, that I last saw the deceased alive on April 19, 1956, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

| | | |
|--|--|---------------------------------|
| 23a. SIGNATURE <u>Richard R. Coble</u> (Degree or title) <u>M.E.</u> | 23b. ADDRESS <u>Carthage, Missouri</u> | 23c. DATE SIGNED <u>4-19-56</u> |
|--|--|---------------------------------|

| | | | |
|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Apr 23, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Dudenville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Dudenville, Mo.</u> |
|---|-------------------------------|---|--|

| | | | |
|---|---|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>4-22-56</u> | REGISTRAR'S SIGNATURE <u>Elly Clinton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> | ADDRESS <u>Carthage, Mo.</u> |
|---|---|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

139
0

RECEIVED
MAY 2 1956
Jasper County Health Office
County File Number 56-5-378
Date Filed MAY 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *D. L. Isbell*

Licensed Embalmer No. *497*

P. O. Address *Conthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutés 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.