

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38571

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 184

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lebanon</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Rt. 4</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Knox Rest Home</u>		Length of stay in 1b <u>6 1/2 mo</u>		e. CITY OR TOWN <u>Lebanon</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Della</u>		Middle <u>E.</u>		Last <u>Hillhouse</u>		Month <u>Nov.</u> Day <u>16.</u> Year <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 9 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Washington Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Allen J. Tomblison</u>				14. MOTHER'S MAIDEN NAME <u>Susana M. Clinic</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Clyde Hillhouse</u> Address <u>Lebanon Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Cardiac Decompensation</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						DUE TO (c) <u>1 1/2 Hr</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. TIME OF INJURY		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>H 201</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>NOV. 16, 1956</u>				and last saw her alive on <u>NOV. 16, 1956</u>			
Death occurred at <u>10:45</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>D. O. Bolner</u> (Degree or title) <u>2</u>			
22b. ADDRESS <u>D.O. 117 N Jefferson, Lebanon</u>				22c. DATE SIGNED <u>11-17-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/17/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elm Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Iowa</u>	
24. FUNERAL DIRECTOR <u>Holman Funeral Home</u>		ADDRESS <u>Lebanon Mo</u>		25. DATE RECD. BY MEDICAL REG. <u>11-17-1956</u>		26. REGISTRAR'S SIGNATURE <u>Della E. Day</u>	

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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 *Dorsey M. Howe*

Licensed Embalmer No. *42*

P. O. Address *Letran*

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.