

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18159**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>RR#5-12 miles W of Pilot Grove</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>DILTHEY</u> c. (Last) <u>SR</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>25</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 20, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Herman Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Chris Dilthey</u>	
13b. MOTHER'S MAIDEN NAME <u>Bertha Pader</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Dilthey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-42-8743</u>	17. INFORMANT'S SIGNATURE OF NAME ADDRESS <u>Mary Elizabeth Dilthey Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Antenatal C-U Poison</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ 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 _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		4221	
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 <u>10 May</u> , 19 <u>57</u> , to <u>25 May</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>25 May</u> , 19 <u>57</u> , and that death occurred at _____ m., from the cause and on the date stated above.			
23a. SIGNATURE (Deed or title) <u>J. V. Seegal MD</u>		23b. ADDRESS <u>Smithson Rd</u>	
23c. DATE SIGNED <u>5/28/57</u>		24. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>	
24a. BLIAL. CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
DATE REC'D BY LOCAL REG. <u>5-28-57</u>	REGISTRAR'S SIGNATURE <u>Francis Shelby Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Painter, Pilot Grove, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1959

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 *Robert L. Painter*.....

Licensed Embalmer No. *400*.....

P. O. Address *Pilot Gro*.....

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.