URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

60-026331

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 55

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: S. Benton Twsp. — Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Buffalo Rt #1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dallas
c. CITY OR TOWN: Buffalo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Edmond Middle: R. Last: Lilley
4. DATE OF DEATH: Month: July Day: 21 Year: 1960
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 25, 1860
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months 11 Days 26 — IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Jackson County Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Sallie Lilley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Vinita Patterson Address: Buffalo, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia — 1 wk
DUE TO (c): Arteriosclerosis — 8 to yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1955, to 21 July and last saw her/him alive on 21 July
Death occurred at 4:30 PM. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O A Griffin (Degree or title) MD
22b. ADDRESS: Buffalo Mo
22c. DATE SIGNED: 7-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: Church Grove Cemetery
23d. LOCATION (City, town, or county) (State): Dallas County Mo.

24. FUNERAL DIRECTOR: Montgomery Funeral Home — ADDRESS: Buffalo, Mo
25. DATE RECD. BY LOCAL REG.: 8/2/60
26. REGISTRAR'S SIGNATURE: Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Vernon H. Vieta

Licensed Embalmer No. 5083

P. O. Address Buffalo, N

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