

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043367

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 8521 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOUSTON		Length of stay in 1b 2 WEEKS	c. CITY OR TOWN MTN. GROVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TEXAS COUNTY MEMORIAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 216 W/ 11th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Della Middle Jane Last ILLIG			4. DATE OF DEATH Month NOVEMBER Day 8 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-1-1877	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) TEXAS COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME SANFORD WALKER		13b. MOTHER'S MAIDEN NAME ELIZABETH SOUELS		14. NAME OF HUSBAND OR WIFE W.H. ILLIG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT W.H. ILLIG Address MTN. GROVE, MISSOURI		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Arteriosclerosis	
	DUE TO (c) Regenerative Decompensative Heart Disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (3) Senility (4) Fractured Hip (5) Post Stroke Ventruncle		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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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. 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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Oct 27, 1961 to Nov. 8, 1961 and last saw her alive on 11/8/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. J. Burns, MD</i> (Degree or title)	22b. ADDRESS <i>107 E. Pine St. Houston, Mo</i>	22c. DATE SIGNED <i>11/11/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-11-1961	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) TEXAS COUNTY, MISSOURI
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24. FUNERAL DIRECTOR EWELL C. CRAIG ADDRESS MTN. GROVE, MISSOURI	25. DATE RECD. BY LOCAL REG. 11-20-1961	26. REGISTRAR'S SIGNATURE <i>Myrtice Craig rec.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Seville C. Craig*

Licensed Embalmer No. 4766

P. O. Address *Mtn Grove*

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.