MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-033938
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0130
2 0130 2
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4 0
5 1
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7 0
8 0
9 4/80X
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12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

Registration District No. 44 Primary Registration District No. 4062 Registrar's No. 24

FILED OCT 9 1962

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cowgill — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: Willie — Middle: Ode — Last: Lile

4. DATE OF DEATH: Month: 9 — Day: 23 — Year: 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-1-1882
9. AGE (last birthday): 80
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): Painter Interior Dec
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Knoxville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: W.H.Lile
13b. MOTHER'S MAIDEN NAME: Julia Ann Kincaid
14. NAME OF HUSBAND OR WIFE: E. Belle Lile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. E. Belle Lile, Cowgill, Mo — Address

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): ~~Influenza~~ Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
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 Sept 22/62, to Sept 23/62 and last saw her/him alive on Sept 23/62
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Braymer, Mo
22c. DATE SIGNED: 9/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-25-1962
23c. NAME OF CEMETERY OR CREMATORY: Cowgill Cemetery
23d. LOCATION (City, town, or county) (State): Cowgill, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Clark Funeral Home, Kingston Mo
25. DATE RECD. BY LOCAL REG.: Oct. 6-1962
26. REGISTRAR'S SIGNATURE: Mrs. Rita Lee Zuppan

(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 me,

~~or by~~ _____, ~~Student Embalmer~~ No. _____

~~working under my personal supervision~~.

Student _____ Signed Cramer Clark

Signature of Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kirksville, Mo

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.