

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14219

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo</u>	c. LENGTH OF STAY (in this place) <u>60 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 North Thornton</u>		d. STREET ADDRESS (If rural, give location) <u>214 North Thornton</u>	

3. NAME OF DECEASED (Type or Print) <u>Wiley Ray Lile</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 50</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>Jan 24, 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer & Stockman</u>		11. BIRTHPLACE (State or foreign country) <u>Knoxville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>George W. Lile</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Hutchings-</u>		14. NAME OF HUSBAND OR WIFE <u>Rozetta Lile</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rozetta Lile, Richmond, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>10 yrs.</u> <u>4 1/2 yrs.</u> <u>19 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Agotemia</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> HOME <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 3/18, 1949, to 3/28, 1950, that I last saw the deceased alive on 3/27, 1950, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. C. Johnson M.D.</u>		23b. ADDRESS <u>Richmond, Mo</u>		23c. DATE SIGNED <u>3/29/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 30.50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 29. 50</u>	REGISTRAR'S SIGNATURE <u>Maluf Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Lile P. Home</u>	ADDRESS <u>Richmond, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

APR 3

District Health Officer No 88

District File Number _____

Date Filed 4-22-50

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 _____
Student Embalmer

Signed James Zuest

Licensed Embalmer No. 14096

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.