

BIRTH NO. _____		REG. DIST. NO. <u>355</u>		PRIMARY REG. DIST. NO. <u>4520</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>					
b. CITY OR TOWN <u>Summersville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Summersville</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <u>Agnes</u>			a. (First)		b. (Middle)		c. (Last) <u>DILLARD</u>		
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>9</u>		(Year) <u>49</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-9-1874</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Texas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Paulding</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Cobble</u>			14. NAME OF HUSBAND OR WIFE <u>George Dillard</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.W. Stoops Summersville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1st degree Burns</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)					
DUE TO (c)				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death <u>Bed fast due to apoplexy</u>				SUGGESTED PERMANENT INFORMATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SURFACE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Feb 8, 1949</u> , to <u>Feb 9, 1949</u> , that I last saw the deceased alive on <u>Feb 9, 1949</u> , and that death occurred at <u>6:10 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Lucie Hampton D.O.</u>				23b. ADDRESS <u>Summersville</u>		23c. DATE SIGNED <u>Mar</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 3-49</u>		REGISTRAR'S SIGNATURE <u>Mrs C. E. Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN FUNERAL Home</u>		ADDRESS <u>Mt. View, Mo.</u>			
By <u>Anna Roberts</u> (Embalmer's Statement on Reverse Side)									

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

RECEIVED 3-10-49

District Health Officer No. 5,

District File No. 349-195

Date Filed 3-21-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address *Intro View, 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.