

FILED JUL 18 1949
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6180
State File No. 23072

BIRTH-NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 607

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) Springfield,	
c. LENGTH OF STAY (in this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 822 N. Grant	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Charles S b. (Middle) Edward c. (Last) Dillon			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 6, 1873
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR 4 Months	IF UNDER 2 HRS. 2 Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Balser		10b. KIND OF BUSINESS OR INDUSTRY Ice and Fuel Business	11. BIRTHPLACE (State or foreign country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Richard A. Dillon		13b. MOTHER'S MAIDEN NAME Martha Wilcoxon	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Charles Richard Dillon ADDRESS Springfield,
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.			18. INTERVAL BETWEEN ONSET AND DEATH 2040
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia <i>(Symptomatic)</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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 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 June 8, 1949 , to July 8, 1949 , that I last saw the deceased alive on July 8, 1949 , and that death occurred at 6 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. S. Handley M.D.		23b. ADDRESS Springfield Mo	23c. DATE SIGNED 7/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Hazelwood	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-12-49 W.S. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Borman Schaff & Ryne Springfield, Mo		

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

L. Edwin Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.