No. 300
10-48

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

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29019

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 35

103 0 0

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gray Ridge
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse Rural
d. STREET ADDRESS (If rural, give location):

103 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): W.
c. (Last): DILLON

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Feb. 11, 1877
9. AGE (In years last birthday): 72 — If under 1 year: Months 5, Days; If under 24 hrs.: Hours 10, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Benton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Jack M. Dillon
13b. MOTHER'S MAIDEN NAME: Rogers
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: John Dillon — **ADDRESS**: Grayridge, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) hypertension, arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* marked obesity — 33X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 17, 1949, *to* July 20, 1949, *that I last saw the deceased alive on* July 20, 1949 *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Schuman (Degree or title): MD
23b. ADDRESS: Morehouse, Mo.
23c. DATE SIGNED: 7-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 49
24c. NAME OF CEMETERY OR CREMATORY: Morley cem.
24d. LOCATION (City, town, or county) (State): Morley, Missouri

DATE REC'D BY LOCAL REG.: 8-9-49
REGISTRAR'S SIGNATURE: Rose Webber
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Chiles Und. Co. Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED- AUG 6 194
District Health Office No. 2
District File Number 847 801
Date Filed

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 Lulu Cooper #3499, ~~Student Embalmer No.~~, working under my personal supervision.

Signed Lulu C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.