

FILED AUG 25 1949

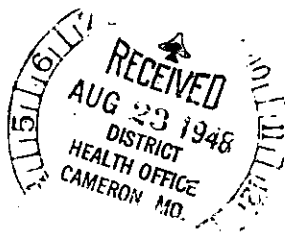
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29130

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6276		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Arthur		c. (Last) Dillinger	
4. DATE OF DEATH		(Month) 8		(Day) 3		(Year) 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7 26 1884		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ministry		10b. KIND OF BUSINESS OR INDUSTRY minister		11. BIRTHPLACE (State or foreign country) Hall Town, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Riley Dillinger		13b. MOTHER'S MAIDEN NAME Ellen Park		14. NAME OF HUSBAND OR WIFE Mary Dillinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Dillinger ADDRESS Grant City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Automobile and Railroad train collision - Sudden death - Skull fracture + broken neck - Both arm + both legs broken - Fracture of arm at autopsy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8-3-49 8/104 27				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? yes	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway near K. R. Cross		21c. (CITY, TOWN, OR TOWNSHIP) Sheridan (COUNTY) Worth (STATE) Mo.			
21d. TIME OF INJURY (Month) 8 (Day) 3 (Year) 49 (Hour) 12:40		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Automobile struck to train on RR crossing			
22. I hereby certify that I attended the deceased from 8-3-49 , to 1949 , to 19 , that I last saw the deceased alive on 8-3-49 , and that death occurred at 12:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Case (Deceased or title) M.D.				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 8-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8 6 1949		24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. Aug. 16, 1949		REGISTRAR'S SIGNATURE Robert E. Dawson		345		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



SEP 6 1948

AUG 25 1948

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 Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant city, 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.