

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34126

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u> Registrar's No. <u>491</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. LENGTH OF STAY (In this place) <b>0</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Galena</b>		14 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>510 E. 4th St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas Aloysius</b>		b. (Middle) <b>Dillon</b>		c. (Last) _____	
4. DATE OF DEATH <b>11-4-1949</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Never Married</b>		8. DATE OF BIRTH <b>Sept. 23 1971</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Miner</b>		11. BIRTHPLACE (State or foreign country) <b>St. Paul Kans.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Dillon</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Seward</b>	
14. NAME OF HUSBAND OR WIFE <b>Never Married</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>N</b>		16. SOCIAL SECURITY NO. <b>498-23-040</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Murphy</b>		ADDRESS _____		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		ANTECEDENT CAUSES		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) <b>Carcinoma of stomach, Urinary retention due to prostatic hypertrophy</b>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>3) Asthma</b>	
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 <u>10-24, 1949</u> , to <u>11-4, 1949</u> , that I last saw the deceased alive on <u>11-4, 1949</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles L. Davis</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Galena Kans.</b>		23c. DATE SIGNED <b>11-5-49</b>	
24a. BURIAL, CREMATION, OR REMOVAL <b>Removal</b>		24b. DATE <b>11-6-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Galena Kans.</b>		24e. (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>William E. Poter</b>	
DATE REC'D BY LOCAL REG. <b>11-5-49</b>		REGISTRAR'S SIGNATURE <b>George J. [Signature]</b>		ADDRESS _____	

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

RECEIVED 11-7-49

Jasper County Health Office

County File Number 19-10-870

Date Filed 11-9-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *F. M. Jones* .....

Licensed Embalmer No. *1319* .....

P. O. Address *Joplin 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.