

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21154

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 59266 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia rural</u>)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u>)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Flat Creek twntp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle) <u>L.</u>	c. (Last) <u>DILLON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1950</u>
-------------------------------------	-------------------------	-----------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 10, 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>John Dillon</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Gumm</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Hurst Dillon</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Dillon, son, Sedalia, Mo.</u>	ADDRESS _____
--	-------------------------------	---	---------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury of chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pettis Missouri</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 7 1950 6:40 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on collision of two automobiles</u>
--	---	--

22. I hereby certify that I attended the deceased from as Coroner, 1950, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Gordon Gumpfe</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Corner of Pettis Co</u>	23c. DATE SIGNED <u>6-7-50</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flat Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Rural, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9/9/50</u>	REGISTRAR'S SIGNATURE <u>W. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Campbell</u>	ADDRESS <u>Sedalia, Mo.</u>
--	--	---	-----------------------------

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

809

RECEIVED

District Health Officer No. 8

JUN 12

District File Number

Date Filed

7-6-50

JUL 1950

JUL 20 1950

JUL - 1950

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

E. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Seaside 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.