No. 300
10-48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr John — 23355
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 622

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 OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Rural-N. Campbell Twp. c. LENGTH OF STAY (in this place): 42 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Rural-N. Campbell Twp. 039
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 11	d. STREET ADDRESS (If rural, give location): Route 11

3. NAME OF DECEASED (Type or Print)	a. (First): Mary	b. (Middle): Mae	c. (Last): Dillon	4. DATE OF DEATH (Month) (Day) (Year): July 11, 1950
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 4, 1864	9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR Months: 4 Days: 7 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: In Home	11. BIRTHPLACE (State or foreign country): Wheeling, West Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Henry Clay Pumphrey	13b. MOTHER'S MAIDEN NAME: Merinda Emmaline Moore	14. NAME OF HUSBAND OR WIFE: Thomas J. Dillon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME: Miss Beulah Dillon	ADDRESS: Springfield, 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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis — Several years

(22)

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* Feb 9, 1950, *to* July 11, 1950, *that I last saw the deceased alive on* July 10, 1950, *and that death occurred at* 11:30 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. C. Horst M.D.	23b. ADDRESS: 430 South Ave Springfield Mo	23c. DATE SIGNED: 7/14/1950	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 14, 1950	24c. NAME OF CEMETERY OR CREMATORY: Hazelwood	24d. LOCATION (City, town, or county) (State): Springfield, Missouri
DATE REC'D BY LOCAL REG.: 7-15-50	REGISTRAR'S SIGNATURE: W. L. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE: Gorman-Schaaff F. Home	ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1952

OCT 22 1952

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 Lewis G. Schaaf

Licensed Embalmer No. 3802

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.