

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26723

BIRTH NO.		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give town) Ironton		c. LENGTH OF STAY (In this place) 11 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Ironton		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION 437 N. Knob St.				d. STREET ADDRESS (If rural, give location) 437 N. Knodb St.			
3. NAME OF DECEASED (Type or Print) a. (First) Tearence			b. (Middle) Vincent		c. (Last) Dillon		4. DATE OF DEATH (Month) (Day) (Year) Aug. 22 1950
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 18 1887		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painting		10b. KIND OF BUSINESS OR INDUSTRY contractor		11. BIRTHPLACE (State or foreign country) Ironton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ellis Dillon		13b. MOTHER'S MAIDEN NAME Stella Woolen		14. NAME OF HUSBAND OR WIFE Florence Dillon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Dillon, Ironton 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 apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Cardiac Valvular disease DUE TO (c) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 20 min.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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 <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 May, 1950, to Aug. 22, 1950, that I last saw the deceased alive on Aug. 22, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Ben M. Bull, M.D. (Degree or title)				23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 8-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-25-50	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Ironton Missouri		
DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE Mrs. Avis Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

X

RECEIVED

SEP 11 1950

HEALTH OFFICE NO.

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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 *Archie White*

Licensed Embalmer No. 3012

P. O. Address *Clinton, 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.