

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED FEB 12 1951

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Janeys</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Janeysville</u>		<u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>J.</u> c. (Last) <u>Dillon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>2</u> <u>1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1860</u> <u>12-12-1860</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>20</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>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>Country</u>	
13a. FATHER'S NAME <u>John F. Dillon</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Lemon</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerry Dillon</u> ADDRESS <u>Janeysville, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Deterioration</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>10yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>1-3-1951</u> , to <u>2-2-1951</u> , that I last saw the deceased alive on <u>2-2-1951</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. R. Bunch, M.D.</u>				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>2-2-51</u>	
24a. BIRTH, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forsythe</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-3-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u> ADDRESS <u>Newada</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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DEPARTMENT OF HEALTH OF MD.
DISTRICT No. 5 - Stearnsfield

RECEIVED FEB 5 1951

Dist. File 251-283

Date Filed 2-5-51

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.....

H. H. Wasmuth

Licensed Embalmer No. 2070

P. O. Address.....

Wade, 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.