

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5006**

FILED FEB 24 1951

0480

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural VanBuren Twp.</u>			c. LENGTH OF STAY (In this place) <u>12 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural VanBuren Twp.</u>			<u>0480</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 Mi. No. Lonejack Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles No. Lone Jack Mo.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Flaura</u>		b. (Middle) <u>Eunice</u>		c. (Last) <u>Dillman</u>			
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>8</u>		(Year) <u>1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8 1873</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County Ill!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>James H. Daggett</u>			13b. MOTHER'S MAIDEN NAME <u>Emily F. Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>James E. Dillman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flaura Dickhout Lone Jack Mo.</u>		ADDRESS <u>Lone Jack Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4/20</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)		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>Feb 7 1951</u> to <u>2/8/1951</u> , that I last saw the deceased alive on <u>2/8/1951</u> at <u>10:30</u> a.m., and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John C. Staley, Jr. D.O.</u>				23b. ADDRESS <u>Lone Jack Mo.</u>		23c. DATE SIGNED <u>2/8/1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/10/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-10-51</u>		REGISTRAR'S SIGNATURE <u>Donald C. Ernsberger</u>		378 FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Langford</u>		ADDRESS <u>Lee's Summit Mo.</u>			

FEB 28 REED

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. B. Longford

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*3233
Fris Summit*

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.