

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12049

BIRTH NO. _____		REG. DIST. NO. <u>96</u>	PRIMARY REG. DIST. NO. <u>5355</u>	Registrar's No. <u>70</u>
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway RR2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway RR2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0300</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) _____		c. (Last) <u>DILL</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-1951</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>4-14-1883</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Dill</u>		
13b. MOTHER'S MAIDEN NAME <u>Nancy Sam</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Martha May Conway</u> ADDRESS <u>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>Hemorrhage of brain</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) _____		INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		19a. DATE OF OPERATION _____		
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>331X</u> YES <input type="checkbox"/> NO <input 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>4-1-50</u> , 19 <u>50</u> , to <u>4-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>51</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>M. W. Sandray MD</u> (Degree or title)		23b. ADDRESS <u>Conway Mo</u>		23c. DATE SIGNED <u>4-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sam</u>
24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K B Jones</u> ADDRESS <u>Buffalo Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/14/51</u>		REGISTRAR'S SIGNATURE <u>Mrs J. B. Jones</u> 80		25. FUNERAL DIRECTOR'S SIGNATURE <u>K B Jones</u> ADDRESS <u>Buffalo Mo</u>

(Licensed Emballer's Statement on Reverse Side)

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

No. 300

10. 48

300
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 16 1951

Dist. File 457-819

Date Filed 4-18-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter B Jones

Signed
Student Embalmer

Licensed Embalmer No. 4822

P. O. Address Buffalo, 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.