

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13418**

LED APR 24 1952

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5604 Registrar's No. 7

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
 c. LENGTH OF STAY (in this place) 90 Yrs.
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Montserrat Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Johnson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
 d. STREET ADDRESS (If rural, give location) Montserrat Township

3. NAME OF DECEASED
 a. (First) John b. (Middle) _____ c. (Last) Dillingham
 4. DATE OF DEATH (Month) (Day) (Year) April 15, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 4, 1862
 9. AGE (in years last birthday) 90 IF UNDER 1 YEAR: Months 0 Days 11 IF UNDER 24 HRS. Min. _____
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (State or foreign country) Johnson County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Dillingham 13b. MOTHER'S MAIDEN NAME Lucy Lowe 14. NAME OF HUSBAND OR WIFE Sallie Ann Dillingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.W. Dillingham, RFD Warrensburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Capillary Brouchitis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Senility
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

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) _____ 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, 1952 to April 15, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm R Patterson M.D. 23b. ADDRESS Warrensburg, Missouri 23c. DATE SIGNED Apr. 16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr. 17, 1952 24c. NAME OF CEMETERY OR CREMATORY Adams 24d. LOCATION (City, town, or county) (State) Johnson County, Mo.

DATE REC'D BY LOCAL REG. April 18-52 REGISTRAR'S SIGNATURE Erma L Beatty 149-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 22 1952
REGISTRY
JOHNSON COUNTY HEALTH

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.....

R. A. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg 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.