

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32475

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 305

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1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits; write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>201 State Fair Blvd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>R.</u> c. (Last) <u>Dillard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 12 - 1888</u>		9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		11. UNDER 100 Hrs. Hours <u>17</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director - Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTH PLACE (State or foreign country) <u>Ottumwa Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
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13a. FATHER'S NAME <u>Hiram J. Dillard</u>				13b. MOTHER'S MAIDEN NAME <u>Mamie Small</u>				14. NAME OF HUSBAND OR WIFE <u>Jewel Dillard</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>				16. SOCIAL SECURITY NO. <u>World War I</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jewel Dillard</u>				18. ADDRESS <u>Sedalia</u>			
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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) <u>arteriosclerotic heart disease</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. <u>myocardial infarct</u>										INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Sept 14, 1952, to Sept 29, 1952, that I last saw the deceased alive on Sept 29, 1952, and that death occurred at 6:40 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Gordon Stanfield, M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri</u>				23c. DATE SIGNED <u>10-1-52</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-1-52</u>				REGISTRAR'S SIGNATURE <u>251</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>				ADDRESS <u>Sedalia</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 9 1952

OCT 8 1952

APR 9 1950

OCT 9 1951

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 _____

K.P. McNary
Licensed Embalmer No. 3153

P. O. Address Sedalia 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.