

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34367**
Registrar's No. **367**

FILED NOV 3 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 5169		Registrar's No. 367	
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CALLAWAY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WILLIAMSBURG.		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WILLIAMSBURG. MISSOURI.		d. STREET ADDRESS (If rural, give location) WILLIAMSBURG.	
d. FULL NAME OF HOSPITAL OR INSTITUTION WILLIAMSBURG HOME				d. STREET ADDRESS (If rural, give location) WILLIAMSBURG.			
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN L. b. (Middle) _____ c. (Last) DILLON			4. DATE OF DEATH (Month) (Day) (Year) OCT-31-1952				
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 14, 1866		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days 16	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (City and State or Foreign Country) FRANKLIN Co. VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SILAS DILLON		13b. MOTHER'S MAIDEN NAME MARY JANE BYRD		14. NAME OF HUSBAND OR WIFE IDA LEE DILLON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OTHA DILLON WILLIAMSBURG.			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) CEREBRAL HEMMORRHAGE 2 yrs DUE TO (c) ARTERIO SCLEROTIC NEPHRITIS 6 yrs.			
				II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION NO.		19b. MAJOR FINDINGS OF OPERATION 446 X				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 Jan 10, 1942 to OCT 31, 1952 that I last saw the deceased alive on 9-22, 1952 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James O. Helm M.D.				23b. ADDRESS New Florence Mo.		23c. DATE SIGNED 10-31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY WILLIAMSBURG.		24d. LOCATION (City, town, or county) (State) WILLIAMSBURG. MO		
DATE REC'D BY LOCAL REG. Oct 31, 1952		REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAURIN FUNERAL HOME FULTON, MO			

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

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 *Ray A. Stewart*

Licensed Embalmer No. 3772

P. O. Address *Wetters*

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.