S. No. 300
v. 10.48

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

FILED DEC 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39298

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 47 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0542
d. STREET ADDRESS (If rural, give location): 115 North 18th St.

3. NAME OF DECEASED (Type or Print)
a. (First): IREL
b. (Middle): LESLIE
c. (Last): DILLINGHAM

4. DATE OF DEATH (Month) (Day) (Year): November 16, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 20, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Employee, Gas + Electric Co.
11. BIRTHPLACE (City and State or Foreign Country): Bates City, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert W. Dillingham
13b. MOTHER'S MAIDEN NAME: Alice A. Campbell
14. NAME OF HUSBAND OR WIFE: None

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Cliffie Schwartz, Lexington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Recurrent carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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.

19a. DATE OF OPERATION: Sept. 1951
19b. MAJOR FINDINGS OF OPERATION: Hysterectomy--diagnosis cancer 171X
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) m.
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* 9/21/52, 19__, *to* 11/16/52, 19__, *that I last saw the deceased alive on* 11/16, 1952, *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben H Brasher M.D.
23b. ADDRESS: Lexington, Mo.
23c. DATE SIGNED: 11/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mackpelah
24d. LOCATION (City, town, or county) (State): Lexington, Missouri.

DATE REC'D BY LOCAL REG.: 11-30-52
REGISTRAR'S SIGNATURE: Minerva E Eastabrooks 156-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Forrest F Tempel, Lexington Missouri

(Licensed Embalmer's Statement on Reverse Side)

Prepar

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 Geo. McLean

Licensed Embalmer No. 2983

P. O. Address Lillington Missouri

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.