

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

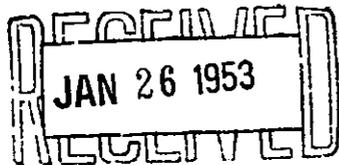
State File No. 1968

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3082 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENSBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLDEN	
c. LENGTH OF STAY (in this place) 15 DAYS		d. STREET ADDRESS (If rural, give location) 4TH AND MARKET	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WARRENSBURG MEDICAL CENTER			
3. NAME OF DECEASED (Type or Print) a. (First) CORA		b. (Middle) CAMPBELL	
c. (Last) DILLE		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 21, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 26, 1869
9. AGE (In years last birthday) 82		10. AGE (In years) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN W. CAMPBELL		13b. MOTHER'S MAIDEN NAME MARY ELLEN PAYNE	
14. NAME OF HUSBAND OR WIFE WALTER S. DILLE, deceased.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME MISS VETA BOONE, HOLDEN, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 18 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
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 491X	
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) m.		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 2, 1953 , to Jan 21, 1953 , that I last saw the deceased alive on Jan 20, 1953 , and that death occurred at 6:30 AM. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Warrensburg, Mo.	
23c. DATE SIGNED 1-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 1-23, 1953		24c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY	
24d. LOCATION (City, town, or county) (State) HOLDEN, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Cast, Holden, Mo.	
DATE REC'D BY LOCAL REG. Jan. 22, 1953		REGISTRAR'S SIGNATURE [Signature] ADDRESS 147. Central St. Holden, Mo.	

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

1512



JOHNSON COUNTY HEALTH DEPT.

FEB 20 1953

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 E. B. Cart

Licensed Embalmer No. 4059

P. O. Address Holden, 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.