

FILED MAR 19 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9807**
1232

| | | | | | | | | | |
|--|--|---|---|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 33 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 3020 Campbell | | | |
| 3. NAME OF DECEASED (Type or Print) Miss NINA GERTRUDE DILLON | | | | a. (First) | | b. (Middle) | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 2-26-53 | | | | c. (Last) | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 8. DATE OF BIRTH Aug. 19, 1876 | | 9. AGE (In years last birthday) Months Days Hours Min. 76 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME John L. Dillon | | 13b. MOTHER'S MAIDEN NAME Cordelia Lake | | 14. NAME OF HUSBAND OR WIFE --- | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Mr. F. L. Dillon | | | ADDRESS 3020 Campbell | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right and Left Heart Failure DUE TO (c) Right Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease Nutritional Edema | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 1 day 1 week 3 weeks? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | | | | | | 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 Feb. 23, 1953 , to Feb. 26, 1953 , that I last saw the deceased alive on Feb. 26, 1953 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Morris Duncan (Degree or title) | | | | 23b. ADDRESS 202 Kansas City, Mo. | | | 23c. DATE SIGNED Feb. 27, 1953 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-28-53 | | 24c. NAME OF CEMETERY OR CREMATORY --- | | 24d. LOCATION (City, town, or county) (State) Hamilton, Missouri | | | |
| DATE REC'D BY LOCAL REG. 2-28-53 | | REGISTRAR'S SIGNATURE Seraldine Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE-McCLURE | | ADDRESS Kansas City, Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. M. D. Duncan (D.O.)
3034 Harrison
No. 3610

about 2:00 P.M.

initial call.

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 J. D. Walton

Licensed Embalmer No. 2744

P. O. Address Heemo

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.