

STANDARD CERTIFICATE OF DEATH

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1005

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) ROUTE # 12	

3. NAME OF DECEASED (Type or Print) a. (First) FREDA	b. (Middle) ANN	c. (Last) DILLEY	4. DATE OF DEATH (Month) (Day) (Year) NOV. 4 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 28 1951	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CHRISTIAN COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SANFORD DILLEY	13b. MOTHER'S MAIDEN NAME MYRLE GARRISON	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME SANFORD DILLEY	ADDRESS RT # 12 SPFLD, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Terminal 3 weeks 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nutritional Edema DUE TO (c) Chronic malnutrition		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 10-26-53, 19__, to 11-4-53, 19__, that I last saw the deceased alive on 11-4-53, 19__, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE E.L. Schwartz M.D.	(Degree or title)	23b. ADDRESS 609 Cherry Springfield Mo.	23c. DATE SIGNED 11-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 119 6/ 53	24c. NAME OF CEMETERY OR CREMATORY GALLOWAY CEMETERY	24d. LOCATION (City, town, or county) (State) GALLOWAY, MO.
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DATE REC'D BY LOCAL REG. 11-6-53	REGISTRAR'S SIGNATURE. Faith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, 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.....
Signature of Student Embalmer

Signed *Walter E. Hamilton*

Licensed Embalmer No....3808...

P. O. Address SPRINGFIELD, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.