

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39671**

FILED NOV 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **3040** Registrar's No. **75**

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

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>	
c. LENGTH OF STAY (in this place) <b>17 months</b>		d. STREET ADDRESS (If rural, give location) <b>230 Madison Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>Lee</b> c. (Last) <b>Dillard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 30, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>June 12, 1953</b>		9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b>	
IF UNDER 24 HRS. Hours <b>0</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Chillicothe, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		

13a. FATHER'S NAME <b>Richard Lee Dillard</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Lou Allen</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. R. L. Dillard; Chillicothe, Missouri</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Terminal Bronchial</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diarrhea severe</b>			10 days
		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 <b>5710</b>			20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Oct. 28, 1953**, to **Oct 30, 1953**, that I last saw the deceased alive on **Oct 30, 1953**, and that death occurred at **3:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph A. Conrad M.D.</b>		23b. ADDRESS <b>Chillicothe, Mo</b>		23c. DATE SIGNED <b>Nov. 20-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-1-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hutchison</b>		24d. LOCATION (City, town, or county) (State) <b>Livingston County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>11-20-53</b>		REGISTRAR'S SIGNATURE <b>Francis B Neill</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman Funeral Home; Chillicothe, Missouri</b>	
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**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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.