

STANDARD CERTIFICATE OF DEATH

State File No. **5678**

FILED MAR 1 1954 REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 315 N. Quincy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Quincy St. & Mo. Pac Tracks		3. NAME OF DECEASED a. (First) LESLIE b. (Middle) ALBERT c. (Last) DILLARD	
4. DATE OF DEATH February 17, 1954		5. SEX M 6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 16, 1882	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Ice Plant		11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James W. Dillard	
13b. MOTHER'S MAIDEN NAME Ruby Landon		14. NAME OF HUSBAND OR WIFE Hattie Lela Dillard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. 491-07-4431	
17. INFORMANT'S SIGNATURE OR NAME Jewell Neville		ADDRESS Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple fractures of skull, vertebrae, chest and abdomen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) as result of railroad train- DUE TO (c) automobile collision		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8104 27				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. crossing	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo

21d. TIME OF INJURY (Month) (Day) (Year) 2-17-54 (Hours) 5:43 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? collision of railroad train and automobile
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22. I hereby certify that I attended the deceased from **Chas. Beymer**, 10, that I last saw the deceased alive on **10**, and that death occurred at **5:43 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Stauffer M.D. (Degree of title)	23b. ADDRESS Corner of Pettis Co	23c. DATE SIGNED 2-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
DATE REC'D BY LOCAL REG. 2/20/1954	REGISTRAR'S SIGNATURE A. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Decker	ADDRESS Sedalia, Mo

(Licensed Embalmers' Statement on Reverse Side)

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
Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No.

4809

P. O. Address

Sedalia, 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.