

FILED APR 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 77770

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 361	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		a. STATE Missouri		b. COUNTY Buchanan	
d. FULL NAME OF HOSPITAL OR INSTITUTION 604-1/2 North 4th Street		c. LENGTH OF STAY (in this place) 39 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) BENJAMIN		b. (Middle) FRANKLIN		c. (Last) DILLEY		March 25 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 3, 1893	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		9. AGE (In years last birthday) 60	
11. BIRTHPLACE (State or foreign country) Pattonsburg, Missouri				12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Charles R. Dilley		13b. MOTHER'S MAIDEN NAME Annie Blankenship		14. NAME OF HUSBAND OR WIFE Mrs. Mae Dilley			
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 Mrs. Mae Dilley			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Arteriosclerotic Heart Disease				3 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				2 yrs.	
		DUE TO (b) Multiple Sclerosis					
		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				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)		4200	
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 6-1-53, 1953, to 3-25, 1954, that I last saw the deceased alive on 3-25, 1954, and that death occurred at 3:50P m., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. (Degree or title)				23b. ADDRESS 2801 Sacramento, St. Joseph,		23c. DATE SIGNED 10. 3-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 29, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Apr. 8, 1954		REGISTRAR'S SIGNATURE Mother M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's 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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Charles E. Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.