

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8262**
Registrar's No. **354**

BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Camdenton	
c. LENGTH OF STAY (in this place) 1 day		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
e. STREET ADDRESS		(If rural, give location) No street address	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) LESTER c. (Last) DILLS			4. DATE OF DEATH (Month) (Day) (Year) April 4 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 30, 1882		9. AGE (in years last birthday) 71		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry		11. BIRTHPLACE (City and State or Foreign Country) Cooper Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Oswald Dills		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs Mary E Dills	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Dr Joseph N. Dills, Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Acc		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. None			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asystolic		2	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 443X YES <input type="checkbox"/> NO <input 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) (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 **3/9**, 19**51**, to **4/4**, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30P** m., from the causes and on the date stated above.

23a. SIGNATURE D.P. Roeder M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4/5/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 5, 1954		24c. NAME OF CEMETERY, OR CREMATORY Unknown	
24d. LOCATION (City, town, or county) (State) Camdenton, Missouri					

DATE REC'D BY LOCAL REG. 4-5-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Wendle, Springfield, Mo.	
				ADDRESS Springfield, Mo.	

M. Adkins

AUG 2 1954

APR 15 1954

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**