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FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28515

State File No.

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 6hr's
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Salem - Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): West Spring creek Township

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Newton c. (Last) Dillingham
4. DATE OF DEATH (Month) (Day) (Year): 8/16/54 (1954)
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 28 1905
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: stationary bl's
11. BIRTHPLACE (City and State or Foreign Country): Des Moines Ia
12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME: Burr Dillingham
13b. MOTHER'S MAIDEN NAME: Catherine Keeney
14. NAME OF HUSBAND OR WIFE: Irene Dillingham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Irene Dillingham — ADDRESS: Salem Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (e).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~Hyp~~ Malignant Hypertension

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 — 331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 19 54, *to* 8-16, 19 54, *that I last saw the deceased alive on* 8-16, 19 54 *and that death occurred at* 12A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. J. Bass (Degree or title) M.D.
23b. ADDRESS: Salem, Missouri
23c. DATE SIGNED: 8/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/19/54
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem
24d. LOCATION (City, town, or county) (State): Salem Mo

DATE REC'D BY LOCAL REG.: Aug 17, 1954
REGISTRAR'S SIGNATURE: Nadine L. Steele 38
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed AUG 23 1954

SEP 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 23

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.