

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36564**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1268**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Otoe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Nebraska City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 yrs		f. STREET ADDRESS (If rural, give location) 8260 S	
d. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) Elliott's Nursing Home 1313 N. 10th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Pete b. (Middle) _____ c. (Last) Dillman			4. DATE OF DEATH (Month) (Day) (Year) December 1, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 4, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Fireman		10b. KIND OF BUSINESS OR INDUSTRY Nebraska City Power Co.		11. BIRTHPLACE (City and State or Foreign Country) Illinois.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George Dillman		13b. MOTHER'S MAIDEN NAME Katherine Newman		14. NAME OF HUSBAND OR WIFE Nettie Dillman	
--	--	---	--	---	--

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. 505-07-8391		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Boerner ADDRESS St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis		DUE TO (c) Carcinoma of the Prostate				1 yr.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177 X				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)	
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 **June 12, 1954**, to **Dec 1, 1954**, that I last saw the deceased alive on **Dec 1, 1954**, and that death occurred at **8:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Martin H. Christ, M.D.		23b. ADDRESS 706 Francis St Joseph		23c. DATE SIGNED 12-3-54	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Nebraska City		24d. LOCATION (City, town, or county) (State) Nebraska City, -Nebraska.	
--	--	-------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Dec 6, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffert, Filomena ADDRESS St. Joseph, Mo.	
---	--	---	--	---	--

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^{****1}.....^{****}....., Student Embalmer No.....^{*} working under my personal supervision..

Student.....^{***}.....^{****}.....
Signature of Student Embalmer

Signed.....*Albert C. Harrington*.....

Licensed Embalmer No. 3258 Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.