

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17996

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	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) <u>3 months</u>		e. STREET ADDRESS (If rural, give location) <u>612 N. Independence</u> <u>0146</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>612 N. Independence</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>J</u>	c. (Last) <u>une Dillender</u>	4. DATE OF DEATH (Month) <u>July</u> (Day) <u>4</u> (Year) <u>1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 20, 1921</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bronson, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Horace Bowers</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Holt</u>	14. NAME OF HUSBAND OR WIFE <u>Ancel Dillender</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>yes</u> <u>W.W. # 2</u>	16. SOCIAL SECURITY NO. <u>515-12-5031</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ancel Dillender</u> ADDRESS <u>Pleasant Hill, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease and Arterial spastic state with features of Raynaud's, achrocyanosis and livedo-reticularis</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>2 yrs.</u>
	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? <u>YES</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 18 Mar, 1955; to July 4, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Klund MD</u>	23b. ADDRESS <u>Pleasant Hill, Mo</u>	23c. DATE SIGNED <u>7-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bronson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bronson, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>July 8, 1955</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u> <u>457-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Stanley</u> ADDRESS <u>Pleasant Hill, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1957

RECEIVED  
JUL 11 1955  
CASS COUNTY  
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ellen Braun*.....

Licensed Embalmer No. 378

P. O. Address *Pleasant Hill*

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