

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH33777  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>443</u>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>8 YRS</b>		c. CITY OR TOWN <b>JOPLIN</b>		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 <b>ST JOHNS HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>125 CONNOR</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ESTELLE</b>		b. (Middle) <b>GENEVA</b>		c. (Last) <b>WILKS</b>	
				4. DATE OF DEATH <b>OCTOBER 29, 1955</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>MAY 5, 1899</b>	
				9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>24</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ORONOGO MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>LORENZO DILLENDER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH DECKER</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RICHARD C. WILKS JOPLIN, MISSOURI</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>				INTERVAL BETWEEN ONSET AND 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10 AM</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. L. Johnson M.D.</i>				23b. ADDRESS <b>821 Frisco Bldg</b>		23c. DATE SIGNED <b>10-31-1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-31-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>AURORA MO</b>	
DATE REC'D BY LOCAL REG. <b>11-1-55</b>		REGISTRAR'S SIGNATURE <i>W. J. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HEUGE LEWIS FUNERAL HOME WEBB CITY, MO.</b>			

138-6 (Licensed Embalmer's Statement on Reverse Side)

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

Register of Deaths  
Office  
Number 56-11-257  
Filed NOV 7 1955

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 *L. Lewis Jr.*

Licensed Embalmer No. *456*

P. O. Address *Webb, e.*

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.