

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3858

State File No.

No. 300
10-48

FILED FEB 20 1956

BIRTH NO. 4780-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN St. Joseph	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. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 3012 North 10th Street <i>01170</i>	

3. NAME OF DECEASED (Type or Print) a. (First) ROSEMARY b. (Middle) c. (Last) DILLARD			4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 8, 1956	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri	
12. CITIZEN OF WHAT COUNTRY U S A					

13a. FATHER'S NAME John Thomas Dillard		13b. MOTHER'S MAIDEN NAME Rosemary Lupo		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John T. Dillard 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gross prematurity (21 weeks)		INTERVAL BETWEEN ONSET AND DEATH 35 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Premature maternal rupt. membranes			
		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 7615		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)		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 2-8, 1956, to 2-8, 1956, that I last saw the deceased alive on 7:45 AM 2/8, 1956, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Williamson M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 2/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-9-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stacey Funeral Home St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Feb 13, 1956		REGISTRAR'S SIGNATURE Gethen M. Nelson <i>435</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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.