

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19500

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3002 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Monett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>lifetime</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 1 0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent</u>			
3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) <u>Marion</u>	
c. (Last) <u>Dill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May-12-1939</u>
9. AGE (in years last birthday) <u>17</u>		if UNDER 1 YEAR: Months <u>1</u> Days <u>24</u>	if UNDER 2 HRS: Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James B. Dill</u>	
13b. MOTHER'S MAIDEN NAME <u>Albitta Holdsbrough</u>		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)		16. SOCIAL SECURITY NO. <u>544-42-9223</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Dill</u> ADDRESS <u>Monett Mo Rt 1</u>
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* <u>Cerebral concussion and crushing injury of chest</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>7-5-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Zenobotomy. Unclotted blood in tissues.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT CAUSING HOMICIDE (Specify) <u>Car. Truck crash</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near City of Monett</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barry Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>0050</u>		22. I hereby certify that I attended the deceased from <u>July 5, 1956</u> , to <u>July 6, 1956</u> , that I last saw the deceased alive on <u>July 6, 1956</u> , and that death occurred at <u>11:00 am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Robert P. Dodley M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>	
23c. DATE SIGNED <u>July 7, '56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max E. Fossett</u> ADDRESS <u>Monett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-56</u>		REGISTRAR'S SIGNATURE <u>Mrs J. D. Cook</u>	

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 756-118

DATE REC. 7-9-56

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 Max L. Fossett

Licensed Embalmer No. 4257

P. O. Address M. Vernon

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.