

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC # 191 04 09
 REG # 13488
 SL # 8533

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 FILED SEP 6 1956 318
 Registration District No.

28298
 STATE FILE NUMBER
 1003
 7247
 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN MADISON 8/20	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 1301a Madison Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES RAYMOND DILLARD		4. DATE OF DEATH Month Day Year 8-4-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-18-96
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) PADUCAH, KENTUCKY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME CHARLES DILLARD		14. MOTHER'S MAIDEN NAME TENNY MORRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Broncho-pneumonia.			INTERVAL BETWEEN ONSET AND DEATH 1 Year 162x
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 1-6-56 to 8-4-56 and last saw him alive on 8-4-56 Death occurred at 11:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. ROTH J. ROY M. D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 8-4-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-7-1956	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR John L. Sedlack, Madison, Ill.		25. DATE RECD. BY LOCAL REG. AUG 6 1956	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

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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 *John T. Cuddeback*
Licensed Embalmer No. *374*
P. O. Address *Madison, Wis.*

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