

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

292

FILED JAN 21 1957

STATE FILE NUMBER

32

Registration District No. 42 Primary Registration District No. 1000

Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb most of life	d. STREET ADDRESS (If outside, give location) 3722 Terrace Ave.
			Reside on Farm Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) DICK			4. DATE OF DEATH Jan. 11, 1957		
First DICK Middle DILTS Last DILTS			Month Jan. Day 11 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	11. BIRTHPLACE (City and state or country) Melrose, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Dilts			14. MOTHER'S MAIDEN NAME Addie Shephard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 707-05-8215	17. INFORMANT Address Mrs. Dick Dilts, 3722 Terrace, St. Joseph, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Septicemia		INTERVAL BETWEEN ONSET AND DEATH 8 days
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)		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 8:40 a. Month 11 Day 11 Year 1957 a. m. 40 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 COUNTY STATE

21. I attended the deceased from **11/3/57** to **11/11/57** and last saw ~~her~~ **him** alive on **11/10/57**.
Death occurred at **8:40 a.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. C. Carpenter M.D.** 22b. ADDRESS **902 Edwards City** 22c. DATE SIGNED **11/12/57**

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/14/1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR Heaton-Bourman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Jan 17, 1957	26. REGISTRAR'S SIGNATURE Ethel M. Allison
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(Licensed Embalmer's Statement on Reverse Side)

with welfare public service
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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in reporting causes of death.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 +85

JAN 22 1957

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 *William Spalding* _____

Licensed Embalmer No. 453

P. O. Address 3198 10th St

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