

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7657

FILED MAR 18 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 266

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 So. 10th St. Hovey Nursing Home | | | | Length of stay in 1b 50 yrs | | d. STREET ADDRESS (If outside, give location) 321 1/2 W. Valley St. | |
| 3. NAME OF DECEASED (Type or print) First GUY Middle O. Last DILLON | | | | 4. DATE OF DEATH Month March Day 6 Year 1957 | | | |
| 5. SEX <input checked="" type="checkbox"/> Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 29, 1887 69 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Building Ind. | | 11. BIRTHPLACE (City and state or country) Trenton, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME William T. Dillon | | | | 14. MOTHER'S MAIDEN NAME Julia Ford | | | |
| 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 Address Otto Dillon 5108 E. 40th Kansas City Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | | | | INTERVAL BETWEEN ONSET AND DEATH Unk. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | | | | DUE TO (c) | |
| 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.) 331x | |
| 20c. TIME OF INJURY Hour a. m. p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 3/5/57 to 3/6/57 and last saw him her alive on 3/5/57 Death occurred at 7:00a m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) S. S. Mounier M.D. | | | | 22b. ADDRESS Kirkpatrick Bldg. St. Joseph, Missouri | | 22c. DATE SIGNED 3/7/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE March 8, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo | | | | 25. DATE RECD. BY LOCAL REG. Mar, 14, 1957 | | 26. REGISTRAR'S SIGNATURE Ethel M. Allison | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

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Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, Coroner, etc.

