Health,
& Welfare
Public
Service

S. 300
. 1-56

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

W. W. Gist M. D.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13078

FILED APR 16 1957

STATE FILE NUMBER 1520

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Length of stay: 21 days ~~30 years~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Hickman Mills, Mo. — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 11230 Eastern Ave. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Hunter Last: Dillard

4. DATE OF DEATH Month: March Day: 31 Year: 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 19, 1903 **9. AGE** (In years last birthday): 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale liquor Jackson Distributing Co.-Otterville,
11. BIRTHPLACE (City and state or country): Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Hiram J. Dillard
14. MOTHER'S MAIDEN NAME: Mary F. Small

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-07-4520
17. INFORMANT Address: Mrs Genevieve Dalton Dillard 11230 Eastern Ave., Hickman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial infarction — 21 days
DUE TO (c) Coronary occlusion — 21 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10 Mar 57 to 31 Mar 57 and last saw her/him alive on 30 Mar 57
Death occurred at 8.55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title): W W Gist MD **22b. ADDRESS:** No 3 Grand **22c. DATE SIGNED:** 1 Apr. 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** April 3, 1957 **23c. NAME OF CEMETERY OR CREMATORY:** Mt. Olivet **23d. LOCATION** (City, town, or county) (State): Hickman Mills, Mo.

24. FUNERAL DIRECTOR ADDRESS: Thomas E. Quirk 4316 Troost K.C. Mo. **25. DATE RECD. BY LOCAL REG.:** 4-1-57 **26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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