

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017775

FILED JUN 3 1958

STATE FILE NUMBER

Registration District No. 14

Primary Registration District No. 476

Registrar's No. 28

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP MERAMEC TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN SULLIVAN 036
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MERAMEC STATE PARK		Length of stay in lb 5 YRS.	d. STREET ADDRESS (If outside, give location) MERAMEC STATE PARK
3. NAME OF DECEASED (Type or print) First Middle Last HUGH E. DILL			4. DATE OF DEATH Month Day Year MAY 27 1958
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 AUG. 12, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY STATE PARK	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
13a. FATHER'S NAME BENTON DILL		13b. MOTHER'S MAIDEN NAME LAURA McCUEN	14. NAME OF HUSBAND OR WIFE EDITH JACKSON
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. 493-01-1319	17. INFORMANT EDITH DILL Address SULLIVAN, 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) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) None			
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 <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 No Attendants to _____ and last saw her/him alive on _____ Death occurred at _____ 7:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Thompson M.D. (Degree or title)		22b. ADDRESS Sullivan, Mo.	22c. DATE SIGNED May 28 1958
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	MAY 30, 1958	I.O.O.F. CEMETERY	SULLIVAN MO.
24. FUNERAL DIRECTOR H. H. H. Sullivan, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 28, 1958	26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, Mo.

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.