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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019312
STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Unionville — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Monroe Hospital — Length of stay in 1b: I7 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Putnam
c. CITY OR TOWN: Unionville 0860 0 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: George Middle: Washington Last: Dilliner

4. DATE OF DEATH Month: May Day: I5 Year: I958

5. SEX: Male **6. COLOR OR RACE**: White **7.** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH: Dec. 30 I867 **9. AGE** (In years last birthday): 90 — IF UNDER 1 YEAR: Months: 4 Days: I5 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner **10b. KIND OF BUSINESS OR INDUSTRY**: Farm

11. BIRTHPLACE (City and state or country): Putnam County Missouri **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Joseph Dilliner **13b. MOTHER'S MAIDEN NAME**: Cordelia Stevenson **14. NAME OF HUSBAND OR WIFE**: Julia M. Dilliner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None **17. INFORMANT**: Mrs E. W. Jones Address: Unionville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia resulting
DUE TO (b) Arteriosclerosis hypertension
DUE TO (c) Chronic glomerulonephritis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 2 weeks / years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 592X

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 May 7-58, to May 15-58 and last saw ~~her~~ him alive on May 15-58
Death occurred at 7:48 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L. Judd M.D. 2 **22b. ADDRESS**: Unionville Mo **22c. DATE SIGNED**: 5-I6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: May I8 I958 **23c. NAME OF CEMETERY OR CREMATORY**: Thompson Cemetery **23d. LOCATION** (City, town, or county) (State): Putnam County, Missouri

24. FUNERAL DIRECTOR: Comstock Funeral Home By J.W. Comstock **ADDRESS**: Unionville, Mo. **25. DATE RECD. BY LOCAL REG.**: 5-22-58 **26. REGISTRAR'S SIGNATURE**: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

Coroner, 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

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, N

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.