Health, Welfare Public Service

300 1 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001706
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 815 Penn — Length of stay in 1b: 75 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin 6495 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 815 Penn — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Lee Last: Dilworth

4. DATE OF DEATH Month Day Year: Jan. 23, 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: April 13, 1878

9. AGE (In years last birthday): 80 — 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): Truck Gardner

10b. KIND OF BUSINESS OR INDUSTRY: Gardner

11. BIRTHPLACE (City and state or country): Decatur, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Franklin Dilworth

13b. MOTHER'S MAIDEN NAME: Philanion Marcotte

14. NAME OF HUSBAND OR WIFE: Unknown

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.: 500-09-3642

17. INFORMANT: Raymond Dilworth Address: Joplin, Missouri

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
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): 4261

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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~~ saw the deceased from did not attend, to _____ and last saw her/him alive on _____
Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leon Hickman, D.O. Lone Grove, Okla. 3

22b. ADDRESS: Joplin, Missouri

22c. DATE SIGNED: Jan. 27, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 26, 1959

23c. NAME OF CEMETERY OR CREMATORY: Forest Park

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR: Thornhill-Dillon ADDRESS: Joplin, Missouri

25. DATE RECD. BY LOCAL REG.: 2-5-1959

26. REGISTRAR'S SIGNATURE: Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Joplin, 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.