

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020330

FILED JUL 2 1959 13

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5057 Registrar's No. 91

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Barry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett R. Kings Prairie</u> Length of stay in 1b <u>few days</u>		c. CITY OR TOWN <u>Marionville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None Daughter's Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route One</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>John Riley Dilbeck</u>			4. DATE OF DEATH Month Day Year <u>June 22, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/16/75</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>Howell County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>George W. Dilbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bandy</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Otto Witte Monett</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-28-5432</u>	17. INFORMANT <u>Mrs. Otto Witte Monett</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probably massive infarction myocardium</u> INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from dead on my arrival about 7 am. Had never seen him before. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. J. Glass, Jr M D</u>	22b. ADDRESS <u>Monett, Mo.</u>	22c. DATE SIGNED <u>6-24-59</u>
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23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 24 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leann Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Near Jenkins Mo.</u>
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24. FUNERAL DIRECTOR <u>Osbert March Annona, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Gordon Bennett

Licensed Embalmer No.

4213

P. O. Address

Monett, 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.