

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037162

FILED VS. OCT 22 1959

Registration District No. *280*

Primary Registration District No. _____

Registrar's No. *68*

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte City		Length of stay in lb 80 Years	c. CITY OR TOWN Platte City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle Wesley Last Dillingham			4. DATE OF DEATH Month Oct. Day 12 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1879	9. AGE (last birthday) 80	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John H. Dillingham		13b. MOTHER'S MAIDEN NAME Anna Oldham		14. NAME OF HUSBAND OR WIFE Elizabeth Dillingham		
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. 487-16-9308		17. INFORMANT J. B. Dillingham 3524 Terrace Kanasa City, 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) Coronary Occlusion & infarct		INTERVAL BETWEEN ONSET AND DEATH 15 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A.S.H. H.		20 yr	
DUE TO (c) Generalized A S			
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
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
21. I attended the deceased from 1947 to 1957 and last saw her/him alive on Sept 15, 1959 Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) J. Graham Parker M.D.		22b. ADDRESS Platte City, Mo		22c. DATE SIGNED 10/13/59
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	23d. LOCATION (City, town, or county) (State) Platte City, Missouri	
24. FUNERAL DIRECTOR Rollins & Mitchell		ADDRESS Platte City Missouri	25. DATE RECD. BY LOCAL REG. Oct. 14, 1959	26. REGISTRAR'S SIGNATURE Ophie Rollins

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 27 1959

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 Tommy R. Rollins, Student Embalmer No. 584
working under my personal supervision.

Student Tommy R. Rollins
Signature of Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725

P.O. Address State City

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.