

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 7 5 7

STATE FILE NUMBER

FILED VS. JAN 1 1960 209 Primary Registration District No. 3043 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike					
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Length of stay in 1b 3 days		c. CITY OR TOWN Curryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Curryville			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ralph Middle Raymond Last Dillard				4. DATE OF DEATH Month Dec. Day 28 Year 1959					
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 10-2-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Carson W. Dillard			13b. MOTHER'S MAIDEN NAME Francis Lenore Zumwalt			14. NAME OF HUSBAND OR WIFE Blanche Edna Dillard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Blanche Edna Dillard Curryville				
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><i>pneumonia</i></u> <u><i>Basilar skull fracture, fract jaw</i></u> <u><i>frontal fracture + multiple injuries</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH		
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 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.)					
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 082		COUNTY		STATE	
21. I attended the deceased from <u><i>Dec 25, 1959</i></u> to <u><i>Dec. 28, 1959</i></u> and last saw her/him alive on <u><i>Dec. 28, 1959</i></u> Death occurred at <u><i>12:05 P.</i></u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>R. M. Dillard M.D.</i>					22b. ADDRESS <i>Hannibal, Mo.</i>		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 30 59	23c. NAME OF CEMETERY OR CREMATORY Curryville Cemetary		23d. LOCATION (City, town, or county) (State) Curryville, Missouri				
24. FUNERAL DIRECTOR <i>William B. Waters Naudalia Mo.</i>				25. DATE RECD. BY LOCAL REG. 1/5/60		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke By Lillian M. Herman</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 14 1960

FEB 25 1960

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 William B Waters

Licensed Embalmer No. 4169
P. O. Address Vandalia, 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.