

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028032

FILED VS JUL 20 1960

316

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 273

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in Ib 21 das.	c. CITY OR TOWN Los Angeles Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First THOMAS Middle MARION Last DILDINE	4. DATE OF DEATH Month June Day 28 Year 1960
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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 10-22-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 8 Days 6	IF UNDER 24 HR Hours 6 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher and salesman.	10b. KIND OF BUSINESS OR INDUSTRY President and Gen. Mgr. Coffee Co. Carter Co., Mo.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Harmon Allen Dildine	13b. MOTHER'S MAIDEN NAME Margaret Ellen Tinsley	14. NAME OF HUSBAND OR WIFE Mabel L. Easley (4th wife)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 506-03-1478	17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Rupture of the aorta aneurysm - - - - - spontaneous.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Vascular syphilis - - - - - At least 10 yrs.	
	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	
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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 **June 7, 1960** to **June 28, 1960** and last saw him alive on **June 28, 1960**
Death occurred at **6:35 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John A. Brennan, M.D.</i> (Degree or title)	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 6-30-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-1960	23c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery	23d. LOCATION (City, town, or county) (State) Van Buren, Missouri
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24. FUNERAL DIRECTOR McSpadden Funeral Home, VanBuren, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. July 1, 1960	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 T 2 TNR SA

JUL 26 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
or by Donald B. Sloan, Student Embalmer No. 606

working under my personal supervision.

Student Donald B. Sloan
Signature of Student Embalmer

Signed Allen M. Johnson

Licensed Embalmer, No. 454

P. O. Address Van Buren

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.