

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041175

FILED VS DEC 12 1960

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Buchanan		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 DeKalb		Length of stay in 1b 2 Months	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 DeKalb Rest 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 Jennie Middle Dillingham Last Dillingham			4. DATE OF DEATH Month Dec. Day 6, Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 20
9. AGE (last birthday) about 86		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher		10b. KIND OF BUSINESS OR INDUSTRY Music	11. BIRTHPLACE (City and state or country) Platte County Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Elihu Dillingham	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT E. S. Dillingham Address 2002 Clay St. St. Joseph, 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) Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			unknown
DUE TO (c) Arteriosclerosis			unknown
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 _____ 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 10/15/60 to 12/6/60 and last saw her alive on 12/5/60 Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thason Elwagner M.D.</i> (Degree or title)		22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri	22c. DATE SIGNED 12/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-6-60	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 Missouri Platte City,	25. DATE RECD. BY LOCAL REG. Dec. 7, 1960	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Landell</i>

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sammy R. Ralbe

Licensed Embalmer No. 5110

P. O. Address Plattsburgh

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.