

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045836
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 28

AMENDED

FILED DEC 28 1961

DATE AMENDED

INSIDE OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Length of stay in 1b <u>2 yrs</u>	c. CITY OR TOWN <u>Parkville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R-4 Bx 296.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R-4-Bx 296</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sarah Ellen Dilks</u>		4. DATE OF DEATH Month Day Year <u>Dec. 10 1961</u>	
5. SEX <u>Female</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>12/8/1869</u>
9. AGE (last birthday) <u>92</u>		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) <u>at home.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house keeper.</u>	11. BIRTHPLACE (City and state or country) <u>Windsor Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>			
13a. FATHER'S NAME <u>James Swisher</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Baker</u>	
14. NAME OF HUSBAND OR WIFE <u>Garrison H Dilks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Henry Huonker Parkville Mo</u>	
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>Myocardial infarction??</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
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
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 <u>9-16-60</u> to <u>death</u> and last saw her <u>alive</u> on <u>12/2/61</u> Death occurred at <u>12/10/61</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. H. Francis</u>		22b. ADDRESS <u>2075 SW 1/2 NKE. mo</u>	22c. DATE SIGNED <u>12/14/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Dec 14-61</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Centerview</u>	23d. LOCATION (City, town, or county) (State) <u>Centerview Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Leland H Francis Parkville</u>		25. DATE RECD. BY LOCAL REG. <u>Dec-14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Uphasia Roseman</u>

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

Leland A. Francis

Licensed Embalmer No.

3451

P. O. Address

Parkville

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.