

7

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014565

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 82

FILED MAY 14 1962

VS 300
Rev. 4/59

6000

20830

3

4 0

5 1

6

7 0

8 0

9309X

10

11

124-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u>		Length of stay in 1b <u>10 Days</u>	c. CITY OR TOWN <u>Platte City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithville Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Wesley</u> Middle <u>Alton</u> Last <u>Dillon</u>			4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1962</u>
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-22-79</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (City and state or country) <u>Trenton, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Thomas Dillon</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Fond</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Bessie Dillon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. Bessie Dillon</u>		Address <u>Platte City, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Encephalitis</u> DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>Chronic Brain Epilepsy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET OF DEATH <u>4 Days</u> <u>1 Week</u> <u>1 y</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized AS + ASITR</u>			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 <u>11</u> a.m. <u>P.M.</u> 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 <u>Platte City, Mo</u> COUNTY <u>Platte</u> STATE <u>Mo</u>
21. I attended the deceased from <u>1961</u> to <u>5/7/62</u> and last saw her/him alive on <u>5/7/62</u> Death occurred at <u>11 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marguerite Hudgens</u>		22b. ADDRESS <u>Platte City, Mo</u>	
22c. DATE SIGNED <u>5/8/62</u>		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-9-62</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 22 1962

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.