# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027670
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 55

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0542 | | |
| 2 | 0542 | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 2 | | |
| 9 | 4201 | | |
| 10 | | | |
| 11 | | | |
| 12 | 90-2 | | |
| 13 | 3-0 | | |

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

**1. PLACE OF DEATH** a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b: Years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 N. 24th. St — Inside Limits Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette

c. CITY OR TOWN Lexington — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 208 N. 24th. St — Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print) First MARY Middle E. Last DILLARD

**4. DATE OF DEATH** Month June Day 26 Year 1962

**5. SEX** Female

**6. COLOR OR RACE** White

**7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

**8. DATE OF BIRTH** October 7, 1875

**9. AGE** (last birthday) 87

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) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY** Own home

**11. BIRTHPLACE** (City and state or country) Chillicothe, Mo

**12. CITIZEN OF WHAT COUNTRY** U.S.A

**13a. FATHER'S NAME** William H. Hoolahan

**13b. MOTHER'S MAIDEN NAME** Mary Carter

**14. NAME OF HUSBAND OR WIFE** Edward Dillard

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT** William Dillard Address Lexington, Mo

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Artery Disease — 10 yr?

DUE TO (c) Generalized Arteriosclerosis — 20 yr?

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. ☐ Yes ☒ No ☐ Unknown

**19.** WAS AUTOPSY PERFORMED? YES ☐ NO ☒

**20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

**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 ☐ NOT WHILE AT WORK ☐

**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 9-30-61 to 6-26-62 and last saw her alive on 6/22/62

Death occurred at 12:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a.** SIGNATURE [signature] (Degree or title) D.O.

**22b.** ADDRESS Wellington, Mo.

**22c.** DATE SIGNED 6/28/62

**23a.** BURIAL, CREMATION, REMOVAL (Specify) Burial

**23b.** DATE 6-28-62

**23c.** NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

**23d.** LOCATION (City, town, or county) Lexington (State) Mo.

**24.** FUNERAL DIRECTOR Vaughn-Walker ADDRESS Lexington, Mo

**25.** DATE RECD. BY LOCAL REG. 6-28-62

**26.** REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

**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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, Me

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.