

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039680

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 322

FILED NOV 2 1962

1. PLACE OF DEATH
 a. COUNTY **Pettis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Sedalia** Length of stay in 1b **60 years**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **905 State Fair Blvd.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **905 State Fair Blvd.** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Pettis**
 c. CITY OR TOWN **Sedalia** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **905 State Fair Blvd.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
ELMER T. DILLARD
 4. DATE OF DEATH Month Day Year
10 26 62

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH **1-23-1898** 9. AGE (last birthday) **64**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Manager**
 10b. KIND OF BUSINESS OR INDUSTRY **Bakery**
 11. BIRTHPLACE (City and state or country) **Houstonia, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Robert T. Dillard** 13b. MOTHER'S MAIDEN NAME **Ella Westbrook** 14. NAME OF HUSBAND OR WIFE **Lucille Dillard**

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. **Not Given** 17. INFORMANT Address **Sedalia, Mo.**
Mrs. Elmer T. Dillard, 905 State Fair Blvd.

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, posterior branch, left coronary artery.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Chronic Myocardial Infarction, anterior wall, left ventricle.**
Mural Thrombi, left ventricle.
 DUE TO (c) **Generalized Arteriosclerosis, of severe degree.**
Interstitial Hepatic Cirrhosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus

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 7-8-62 to 10-26-62 and last saw him alive on 10-26-62
 Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **J.M. Rodeman, M.D.** 22b. ADDRESS **Lordon Bldg. Sedalia, Mo.** 22c. DATE SIGNED **10-27-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct. 29, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Crown Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Sedalia, Missouri**

24. FUNERAL DIRECTOR ADDRESS **D.W. Heckart, Gillespie Funeral Home Sedalia, Mo.** 25. DATE RECD. BY LOCAL REG. **Oct 29, 1962** 26. REGISTRAR'S SIGNATURE **Frances Shelby**

VS 300 Rev. 4/59

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2808

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9420.1

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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

NOV 2 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

John R. Famm...

Licensed Embalmer No. 5173

P. O. Address. Seabrook 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.