

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040149

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10531** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 13 1962**

1. PLACE OF DEATH  
 a. COUNTY **Illinois** b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb OR TOWN **5 Days.** c. CITY OR TOWN **Collinsville** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **325 Buck St.** Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Illinois** COUNTY **St. Clair** (If outside, give location)

3. NAME OF DECEASED (Type or print) First **CLARA** Middle **DOVE** Last **DILLARD** 4. DATE OF DEATH Month **Oct.** Day **30** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9/28/03** 9. AGE (last birthday) **59** 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 **Home** 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Henry Rowland** 13b. MOTHER'S MAIDEN NAME **Sarah Hedrick** 14. NAME OF HUSBAND OR WIFE **Everett 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. **Unknown** 17. INFORMANT **Everett Dillard, 325 Buck, Collinsville, Ill**

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 Pericardial Constriction** INTERVAL BETWEEN ONSET AND DEATH **30 min**  
 DUE TO (b) **acute Myocardial Infarction** **6 days**  
 DUE TO (c) **4201**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Diabetes Mellitus - acidosis**  
 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 **10-26-62** to **10-30-62** and last saw him alive on **10-30-62**  
 Death occurred at **11 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **S. Dworkin MD** 22b. ADDRESS **1657 So Grand** 22c. DATE SIGNED **11-2-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-3-62** 23c. NAME OF CEMETERY OR CREMATORY **Greeley** 23d. LOCATION (City, town, or county) (State) **Greeley, Missouri**

24. FUNERAL DIRECTOR **McLaughlin, 2301 Lafayette,** ADDRESS **St. Louis, Mo** 25. DATE RECD. BY LOCAL REG. **NOV 2 1962** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

63

DR. B. WORKIN  
12:30 TIL 3 P.M.  
1657 So. Grand.

**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 *James P. Chapman*

Licensed Embalmer No. 4550

P. O. Address St. Louis 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.