

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005997
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 291

FILED MAR 4 1963

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, give TOWNSHIP only) **Springfield** Length of stay in 1b **3 weeks**
c. CITY OR TOWN **Rogersville** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) **St. Johns Hospital** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **Route 3** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **JOSIE** Middle **DILLARD** Last **DILLARD** 4. DATE OF DEATH Month **February** Day **22** Year **1963**

5. SEX **Female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **March 22, 1896** 9. AGE (last birthday) **66** 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) **Springfield, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **George Miller** 13b. MOTHER'S MAIDEN NAME **Annie Cargile** 14. NAME OF HUSBAND OR WIFE **Dan 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. **n** 17. INFORMANT **Dan Dillard, Rogersville, Mo.** Address **Route #3**

18. CAUSE OF DEATH (Enter only one cause per death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **internal obstruction** DUE TO (c) **adenocarcinoma of the uterus**

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 _____, to _____ and last saw her/him alive on _____ Death occurred at: **7:00 a.m.** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M.D. Bonifube MD** 22b. ADDRESS **Prof. Billy Springfield, Mo** 22c. DATE SIGNED **2-25-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb 25, 1963** 23c. NAME OF CEMETERY OR CREMATORY **East Lawn** 23d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

24. FUNERAL DIRECTOR **Jewell E. Windle Funeral Home** ADDRESS **Springfield, Mo.** 25. DATE RECD. BY LOCAL REG. **2-1-63** 26. REGISTRAR'S SIGNATURE **Effie S. Metten**

VS 300 Rev. 4/59

0397

8390

3

4 1

5 1

6

7 0

8 2

9174 X

10

11

124-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

permit 2-22-63

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.