

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1155

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>	
c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>105 North Carter</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u> b. (Middle) <u>DILLON</u> c. (Last) <u>CARY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 22, 1872</u>	
9. AGE (15 years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welfare Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ben. F. Dillon</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Barnia</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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>499-16-8124</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.E. Ellington</u>		ADDRESS <u>Upland Calif.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Broncho-pneumonia, bilateral</u> <u>5 days</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>491XF</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip</u> <u>3 months</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1955</u> to <u>Jan 11, 1956</u> , that I last saw the deceased alive on <u>Jan 11, 1956</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. B. Hughes M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>1/13/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 14, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	
521		25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHABERG FUNERAL HOME</u>	
ADDRESS <u>Clinton Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 F. L. Schabert

Licensed Embalmer No. 451

P. O. Address Clinton

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.