

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2060

BIRTH NO. 49-003237 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 8

78  
12  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pemiscot</u> b. CITY OR TOWN <u>Caruthersville</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 E 9th St Caruthersville, Mo.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Mo</u> d. STREET ADDRESS (If rural, give location) <u>606 E 9th St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>EMERY ELVIS DILLARD</u> a. (First) <u>EMERY</u> b. (Middle) <u>ELVIS</u> c. (Last) <u>DILLARD</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb-2-1949</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Jan-23-1949</u>
<b>9. AGE</b> (In years last birthday) <u>10</u>		IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 HR. Hours <u>10</u> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Child</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Caruthersville, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> ( )	
<b>13a. FATHER'S NAME</b> <u>George W Dillard</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Betty Fox</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>2</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George W Dillard, Caruthersville, Mo.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Bronchial pneumonia</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature birth.</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7630</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>1/31/49</u> , 19 <u>49</u> , to <u>2/2/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/2/49</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature] M.D.</u>		<b>23b. ADDRESS</b> <u>Caruthersville, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>2/3/49</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>Feb 3 1949</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Little Prairie</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Caruthersville Mo</u>		<b>24e. DATE REC'D BY LOCAL REG.</b> <u>Feb 7, 1949</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>Jessie B. Weke</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Noel C. Dean</u>	
<b>ADDRESS</b> <u>Caruthersville, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

2-49-50

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**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.

Signed \_\_\_\_\_

*W. C. Dean*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Carruthersville, 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 this body is not embalmed, fact should be so stated above.