No. 300
10.48

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

17558

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 168

800

1

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

**1. PLACE OF DEATH**

a. COUNTY: Pettis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia rural

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 4

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Pettis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia Rural 0800

d. STREET ADDRESS (If rural, give location): Route 4 0

**3. NAME OF DECEASED** (Type or Print) a. (First) b. (Middle) c. (Last): Eliza Jane Dillon

**4. DATE OF DEATH** (Month) (Day) (Year): May 25, 1951

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: June 14, 1877

**9. AGE** (In years last birthday): 73 | IF UNDER 1 YEAR Months: 11 Days: 13 | IF UNDER 24 HRS. 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** (State or foreign country): Warsaw, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Albert James Cole

**13b. MOTHER'S MAIDEN NAME**: Emmaline Swearingen

**14. NAME OF HUSBAND OR WIFE**: James B. Dillon

**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.**: none

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Roy Dillon, son, Rt. 4, Sedalia, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocardial disease

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitis

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**: 4222

**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 21, 1951, *to* May 25, 1951, *that I last saw the deceased alive on* May 25, 1951, *and that death occurred at* 12:02 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. A. Hite M.D.

**23b. ADDRESS**: Green Ridge, Mo

**23c. DATE SIGNED**: 5-25-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 5/27/51

**24c. NAME OF CEMETERY OR CREMATORY**: Fairview Cemetery

**24d. LOCATION** (City, town, or county) (State): Sweet Springs, Mo.

**DATE REC'D BY LOCAL REG.**: 5/26/51

**REGISTRAR'S SIGNATURE**: A. J. Campbell, M.D. Goldie Hall deputy

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Duane Ewing Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-31-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 5-31-51

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

working under my personal supervision.

Student Embalmer No.

Signed R. E. Baker

Signed
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.