

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14299

State File No.

0 200 0

FEB 26 1952

BIRTH NO. 15127 REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 406 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Springs	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Springs 0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bannister Hospital		d. STREET ADDRESS (If rural, give location) Bannister Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Ray c. (Last) Dill			4. DATE OF DEATH (Month) (Day) (Year) Nov 20, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov 20, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months -	IF UNDER 1 WEEK Days -	IF UNDER 1 MIN. Hours -	Mins. 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Infant)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eddus Ewell Dill		13b. MOTHER'S MAIDEN NAME Betty Jo Jones		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eddus Ewell Dill, Rt #2 Lockwood, Mo.			
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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) <i>Separation of placenta resulting of premature labor</i> 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.					INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov 20, 1951, to Nov 20, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 4:00 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. B. Bannister MD</i>		23b. ADDRESS <i>Jerico Springs Mo</i>	23c. DATE SIGNED 11/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-21-1951	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Dade County, Missouri	
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DATE REC'D BY LOCAL REG. 11/30/51	REGISTRAR'S SIGNATURE <i>Mrs. Velma Ellis</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. C. Canada</i>	ADDRESS <i>Greenfield, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Not Embalmed

Student Embalmer No.....

Signed.....

J. C. Curran

Signed.....
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.