

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7610

State File No.

FILED MAR 23 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5169 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u> <u>0140</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>9 Mile Prairie Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 9 Mile Prair ie Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Lee</u> c. (Last) <u>Dillon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 9, 1873</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Days IF UNDER 2 HRS. Hours IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Ruffus Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah English</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Dillon</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben L. Dillon</u>	
				ADDRESS <u>Williamsburg Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>					<u>5 yrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus Hepatitis</u>			<u>1951</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)		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 Mar 3, 1947, to Mar 18, 1952, that I last saw the deceased alive on Aug 17, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lloyd E. Hitchens, D.O.</u>		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>3/21/1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williamsburg Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Williamsburg Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 22-1952</u>		REGISTRAR'S SIGNATURE <u>Martina Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>	
		ADDRESS <u>426</u>		ADDRESS <u>Fulton Mo</u>	

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

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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.

Student
Student Embalmer

Signed J. J. Ross
Licensed Embalmer No. 2556
P. O. Address Fullon 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.