No. 300
10.48

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

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31764
Registrar's No. 4393

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas city
c. LENGTH OF STAY (in this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas city.
d. STREET ADDRESS (If rural, give location): 3820 East 56th

3798

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): LINDY
c. (Last): DILLARD

4. DATE OF DEATH (Month): 9 (Day): 6 (Year): 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL, 11, 1947
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: STUDENT
11. BIRTHPLACE (City and State or Foreign Country): GLADEWATER, TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE A. DILLARD
13b. MOTHER'S MAIDEN NAME: GEARLOINE HOGUE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: GEORGE A. DILLARD
ADDRESS: 3820-E-56 K.C. 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): Histoplasmosis - generalized. — INTERVAL BETWEEN ONSET AND DEATH: 3 wk.

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.

1342

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 8/30, 1953, *to* 9/6, 1953, *that I last saw the deceased alive on* 9/6, 1953, *and that death occurred at* 3:59 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Clark W. Seely (Degree or title): Clark W Seely MD
23b. ADDRESS: 411 Nichols Road KCMo
23c. DATE SIGNED: 9/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEP-9-1953
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM
24d. LOCATION (City, town, or county): KANSAS CITY (State): Mo

DATE REC'D BY LOCAL REG.: 9-8-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomers Sons
ADDRESS: Kan. City, Mo

(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 .....
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4842

P. O. Address Kansas City 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.

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31764 4393

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3798
d. STREET ADDRESS (If rural, give location): 3820 East 56th

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): Lindley ~~LINDY~~
c. (Last): DILLARD

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL, 11, 1947
9. AGE (In years last birthday): 6 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: STUDENT
11. BIRTHPLACE (City and State or Foreign Country): GLADEWATER, TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE A. DILLARD
13b. MOTHER'S MAIDEN NAME: Geraldine ~~GERALDINE~~ HOGUE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Geraldine Hogue ~~GEORGE A~~ DILLARD — ADDRESS: 3820-E-56 K.C. 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.

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ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): #3b,13b,17 by affidavit of fun. dir. 4-28-70
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: 3 wk.
1342

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 8/30, 1953, *to* 9/6, 1953, *that I last saw the deceased alive on* 9/6, 1953 *and that death occurred at* 3:55 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Clark W. Seely (Degree or title): Clark W Seely MD
23b. ADDRESS: 411 Nichols Road KCMo
23c. DATE SIGNED: 9/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEP-9-1953
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM
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