

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33056

FILED NOV 15 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1177

| | | | | | | | |
|--|--|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>N. Carolina</u> b. COUNTY <u>Guilford</u> | | | |
| b. CITY OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (If this place) <u>2</u> weeks | | c. CITY OR TOWN <u>Greensboro</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Missouri Methodist Hos</u> | | | | STREET ADDRESS (If rural, give location) <u>4314 Harvard Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Harnell</u> c. (Last) <u>Dillon</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 8, 1954</u> | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>July 21, 1916</u> | |
| 9. AGE (In years last birthday) <u>38</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | | 11. IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>advertising company</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Highpoint, N. Carolina</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | | | | | |
| 13a. FATHER'S NAME <u>W. H. Dillon, Sr.</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Jessie Allred</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lois</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Dillon, Jr. Greensboro, N. Carolina</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Gastritis</u> | | | | | <u>4 days</u> |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>543X</u> | | | | | 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) (Min.) | | 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 <u>11-6-</u> , 19 <u>54</u> , to <u>11-8-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-6-54</u> , 19 <u>54</u> , and that death occurred at <u>12:05a</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert M. Allison</u> | | | | 23b. ADDRESS <u>218 N. Seventh St. St. Joseph 54, Missouri</u> | | 23c. DATE SIGNED <u>11-9-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>11/8/1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Greensboro, N. Carolina</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov. 10, 1954</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheaton-Bourma</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

3

0.300
0.48

W. Clifton Spalding

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 *Billie C. Gander*....., Student Embalmer No. 570 working under my personal supervision..

Student *Billie C. Gander*.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.