

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

431

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		a. STATE <u>Illinois</u>		b. COUNTY <u>Union</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Cape Girardeau</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Frances Hsopital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dongola</u>		8/20	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>David</u>		b. (Middle) <u>Wayne</u>		c. (Last) <u>DILLOW</u>		(Month) (Day) (Year) <u>Jan. 31, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 17, 1948</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cairo, Illinois</u>	
13a. FATHER'S NAME <u>Wayne Dillow</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Speight</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wayne Dillow Dongola, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>encephalitis, acute</u>				<u>2 days</u>	
		ANTECEDENT CAUSES Morbidity 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.					
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 <u>1/30</u> , 19 <u>55</u> , to <u>1/31</u> , 19 <u>55</u> that I last saw the deceased alive on <u>1/30</u> , 19 <u>55</u> , and that death occurred at <u>12:30am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <u>Wm. J. Heiler M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>1/31/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 2, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>		24d. LOCATION (City, town, or county) (State) <u>Dongola, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>2-2-55</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Ford</u>		ADDRESS <u>Dongola, Ill.</u>	

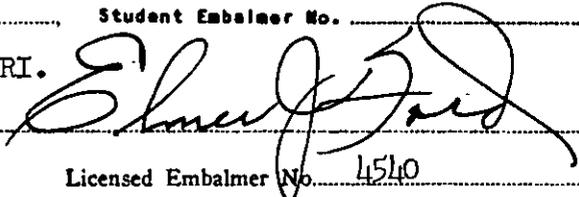
(Licensed Embalmer's Statement on Reverse Side)

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. NOT EMBALMED IN MISSOURI.

Student
Student Embalmer

Signed 
Licensed Embalmer No. 4540

P. O. Address Dongola, Illinois.

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.