Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1958

58-010867
STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Oregon b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Alton — Inside Limits Yes ☐ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b: 60 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon c. CITY OR TOWN Alton 0750 — Inside Limits Yes ☐ No ☐ d. STREET ADDRESS (If outside, give location) 0 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Rose; Middle Etta; Last Dills

4. DATE OF DEATH: Month March; Day 13; Year 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH: 10-25-1878

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 4, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (City and state or country): Many Springs, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charlie Woods

13b. MOTHER'S MAIDEN NAME: Ellen Edge

14. NAME OF HUSBAND OR WIFE: George W. Dills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Allen Dills, Alton, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 491X
INTERVAL BETWEEN ONSET AND DEATH: 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 30 1957 to March 13, 1958 and last saw her alive on March 12, 1958
Death occurred at 1:20 pm 3/13/58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jim E. Lytle MD (Degree or title)
22b. ADDRESS Mammoth Spring, Arkansas
22c. DATE SIGNED 3/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-16-1958
23c. NAME OF CEMETERY OR CREMATORY: Dills Cemetery
23d. LOCATION (City, town, or county) (State): Oregon County, Missouri

24. FUNERAL DIRECTOR: Leland Carter — ADDRESS: Thayer Mo
25. DATE RECD. BY LOCAL REG.: 3/22/58
26. REGISTRAR'S SIGNATURE: Mrs W C Johnson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

33

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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4516

P. O. Address .....

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.