

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017054

STATE FILE NUMBER

FILED MAY 29 1959 Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Stockton <u>02,000</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1005 East St.		Length of stay in 1b 20 Yrs.	d. STREET ADDRESS (If outside, give location) 1005 East St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENDERSON DILLSAVER			4. DATE OF DEATH Month Day Year May 21, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1876	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days 2 11	IF UNDER 24 HRS. Hours Min. 0 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Man	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Pleasant View, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Dillsaver	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sarah C. Dillsaver
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, give branch or dates of service) Spanish-American	16. SOCIAL SECURITY NO.	17. INFORMANT Sarah C. Dillsaver, Stockton, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Cardiovascular disease yrs. with hypertension, cardiac decompensation 3 months</u> DUE TO (c) <u>Lobar Pneumonia 4-1-59</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Stockton Mo	COUNTY	STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Stockton Mo	COUNTY	STATE
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21. I attended the deceased from 11.17.50 to 5.21.59 and last saw him alive on 5.20.59  
Death occurred at A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm B. Richter M.D.</u> (Degree or title)	22b. ADDRESS <u>Stockton Mo</u>	22c. DATE SIGNED <u>5-22-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/23/1959	23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.	23d. LOCATION (City, town, or county) (State) Stockton, Mo.
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24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-23-59	26. REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>
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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

MEDICAL CERTIFICATION

MAY 9 1959

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 *John A. Cantton* .....

Licensed Embalmer No. *4287* .....

P. O. Address *Stockton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.