

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018629
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-57

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.

FILED MAY 18 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 34 years	d. STREET ADDRESS (If outside, give location) 1300 East Third
3. NAME OF DECEASED (Type or print) First Middle Last ROY DILLON			4. DATE OF DEATH Month Day Year May 9, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Labor	9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and state or country) Versailles, Missouri		14. NAME OF HUSBAND OR WIFE *****	
13a. FATHER'S NAME Austin Dillon		13b. MOTHER'S MAIDEN NAME Laura Stone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 499-16-6560	
17. INFORMANT Albert Dillon, 1300 East 3rd, Sedalia, Mo.		Address	
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>Homicide by firearm</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Homicide by firearm.</u>	
20c. TIME OF INJURY Hour Month, Day, Year 1:30 a.m. 5-9-59			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Street</u>	
20f. CITY, TOWN, OR LOCATION Sedalia		COUNTY Pettis	STATE Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>2:17 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
SIGNATURE <u>Chas. Gordon Stauffer</u> (Degree or title) 3		ADDRESS <u>Pettis Co. - Sedalia Mo</u>	
22c. DATE SIGNED 5-11-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/11/59	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	23d. LOCATION (City, town, or country) (State) Versailles, Missouri
24. FUNERAL DIRECTOR <u>Francis Shelby</u> ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 5/12/1959	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1961 FEB 15

FEB 15 1960

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 *P. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address, *Seaside, W.*

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.