

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020320

STATE FILE NUMBER

FILED JUN 19 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 87

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY BARRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PURDY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VICENT HOSP.		Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) 4 MI. S*W OF PURDY		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES KENNETH DILLARD			4. DATE OF DEATH Month Day Year June 4, 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 June 2, 1959		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 2 Days 2 IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monett, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dick Morgan Dillard		13b. MOTHER'S MAIDEN NAME Shirley Callaway		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Shirley Dillard, R.F.D Purdy, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) 7600				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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 3:15 A 6-2-59 to 6-4-59 and last saw ^{from} him alive on 6-4-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mary Newman M.D.			22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 6-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-5-59	23c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery		23d. LOCATION (City, town, or county) (State) Barry Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Doyle E. Williamson, Cassville			25. DATE RECD. BY LOCAL REG. 6-10-59	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

securing the medical certification in the specific manner required by 193.140 MOORS 1949.
 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

5190

NO. 827-100
DATE REC. 6-16-59

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 *Ray E. Wilkinson*

Licensed Embalmer No. *4893*

P. O. Address *Cassville*

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.