

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032779

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 5656¹⁷⁶ Primary Registration District No. 5656 Registrar's No. 18

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED AUG 26 1963

VS 300	DATE AMENDED
Rev. 4/59	
1 0550	
2 8/20	
3	
4 0	
5 0	
6	
7 1	
8 2	
9 X	
10	
11 055	
12 9/13	
13 20	

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dzark Twp.		c. CITY OR TOWN Maywood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles W. Halltown Mo.		d. STREET ADDRESS (If outside, give location) 1915 S. 12 th Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) SE First Joseph Middle R Last Dilger Jr.		4. DATE OF DEATH Month August Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-4-1939
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly		10b. KIND OF BUSINESS OR INDUSTRY Hospital	9. AGE (last birthday) 24 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Oak Park, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Dilger Sr.		13b. MOTHER'S MAIDEN NAME Elizabeth O'Connell	
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.		17. INFORMANT Address Mrs. Edith Busse Chicago, Ill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fractures INTERVAL BETWEEN ONSET AND DEATH Immediate DUE TO (b) Auto Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto Accident	
20c. TIME OF INJURY Hour 11:00 a.m. Month; Day, Year 8-11-1963		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.) Hy 66		20f. CITY, TOWN, OR LOCATION COUNTY STATE Halltown, Lawrence Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edwin Wilks Corner (Degree or title)		22b. ADDRESS Pierce City, Mo.	
22c. DATE SIGNED 8-21-63		23. LOCATION (City, town, or county) (State) Hillside, Ill.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-13-1963	23c. NAME OF CEMETERY OR CREMATORY Queen of Heaven	
24. FUNERAL DIRECTOR ADDRESS W. B. Cantrell Republic, Mo.		25. DATE RECD. BY LOCAL REG. 8-22-1963	26. REGISTRAR'S SIGNATURE W. S. Bussey

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 10 1963

NOV 1 1963

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

William B. Conter

Licensed Embalmer No.

1870

P. O. Address

Refugio, 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.