

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 334

Primary Registration District No. 5796

Registrar's No. 0002564

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0680

2 0650

3

4 1

5 2

6

7 0

8 2

9 1221

10

11

12 0-0

13 -0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1965

a. COUNTY Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Walker

Length of stay in 1b
50 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Walker twp.

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Moniteau

c. CITY OR TOWN California

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Walker twp.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Alonzo

Middle
N.M.I.

Last
Dillon

4. DATE OF DEATH

Month
1

Day
3

Year
65

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-6-1884

9. AGE (last birthday)

80

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Cole Camp, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Dillon

13b. MOTHER'S MAIDEN NAME

Matt Gunn

14. NAME OF HUSBAND OR WIFE

Julie Stone Dillon

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

Mr. Wesley Dillon California, 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)

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2 year.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arterio-sclerosis

10 year.

DUE TO (c)

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.

☐ Yes ☐ No ☐ Unknown

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 12-10-55 to 1-3-65 and last saw her alive on 12-30-64
Death occurred at 10:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenyon Latham M.D.

22b. ADDRESS

California, Mo.

22c. DATE SIGNED

1-3-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-6-65

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Jamestown Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hugh C. Williams

California, Mo.

25. DATE RECD. BY LOCAL REG.

1-7-65

26. REGISTRAR'S SIGNATURE

Wesley L. Popper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

18-3000

JAN 20 1965

JAN 19 1965

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 Ross Hitchcock, Student Embalmer No. 755

working under my personal supervision.

Student

Ross Hitchcock
Signature of Student Embalmer

Signed

Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California, 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.