

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38034**

BIRTH NO. _____		REG. DIST. NO. 334		PRIMARY REG. DIST. NO. 5796		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY Moniteau Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Walker		c. LENGTH OF STAY (in this place) 36 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Walker		68	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Star RT. California, Mo				d. STREET ADDRESS (If rural, give location) Star RT. California, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) Julia		b. (Middle) Ann		c. (Last) Dillon	
4. DATE OF DEATH (Month) (Day) (Year) Nov 2 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH OCT 10. 1881		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lon 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'S SIGNATURE OR NAME Effie Rennie Star			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Chronic Pulmonary Tuberculosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ADDRESS California 18, Mo INTERVAL BETWEEN ONSET AND DEATH 27 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) California Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 10-6 , 1949, to 10-22 , 1949, that I last saw the deceased alive on 10-22 , 1949, and that death occurred at 9/20P m., from the causes and on the date stated above.							
23a. SIGNATURE R.B. Fuchs				23b. ADDRESS California		23c. DATE SIGNED 11-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 4. 1949		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Jamestown, Mo	
DATE REC'D BY LOCAL REG. 11-7-49		REGISTRAR'S SIGNATURE H. R. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE Earl R. Bowler		ADDRESS California	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed Earl R. Franklin

Licensed Embalmer No. 2126

P. O. Address California, U.S.A.

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