No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16507

FILED JUN 4 1947

Registration District No. 48

Primary Registration District No. 5722

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hallsville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hallsville
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JOHN CLEVELAND DAUTEL

3. (b) If veteran, name war World War I

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys Dautel

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 7 - 27 - 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	9	26	..... hr. ..... min.

9. Birthplace Creve Couer (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Electrician

11. Industry or business .....

FATHER
12. Name Joun Dautel
13. Birthplace Alsace Loraine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Robinson
15. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. John C. Dautel
(b) Address Hallsville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) May 23 (Date received local registrar) (b) Mrs. F. L. Shock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from .....
....., 19..... to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning	
Due to	
Due to Suicide	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

164 B

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 23 - 1947

(c) Where did injury occur? Hallsville (City or town) Boone (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C J Ward Coroner (M. D. or other)

Address Columbia Mo Date signed May 23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3 1947

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Thos L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, T

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.