

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7687

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

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montevallo</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lorenz Nursing Home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 29 - 49</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>C.</u> c. (Last) <u>DIAL</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>8/17/1864</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>No Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>D. K.</u>	
14. NAME OF HUSBAND OR WIFE <u>John Dial</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Wallace</u> ADDRESS <u>Montevallo, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 <u>3/27</u> , 19 <u>49</u> , to <u>3/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/29</u> , 19 <u>49</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>R. R. Crawford M.D.</u>		23b. ADDRESS <u>Eldorado Springs Mo.</u>	
23c. DATE SIGNED <u>3/29/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	
24d. LOCATION (City, town, or county) (State) <u>Sheldon, Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>APRIL 1, 1949</u>		REGISTRAR'S SIGNATURE <u>her L. Knowlton</u>	
25. GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____		25. GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

RECEIVED
District Health Officer No. 7,
District File Number 3-49-276
Date Filed 4-12-49

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.

Signed L. Gerald Beens

Signed.....
Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Shelton, Md.

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.