

20

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

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29602

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Cedar			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give township) El Dorado spgs		c. LENGTH OF STAY (in this place) 11 yr	c. CITY (If outside corporate limits, write RURAL and give township) El Dorado spgs		20
d. FULL NAME OF HOSPITAL OR INSTITUTION Nichols Nursing Home			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) SARAH FRANCIS HALE DALE			4. DATE OF DEATH (Month) (Day) (Year) 9 / 22 / 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan 26 1886		9. AGE (In years) (Months) (Days) (Hours) (Min.) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Hovsein		13b. MOTHER'S MAIDEN NAME Sarah Fey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Dale El Dorado spgs	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial Degeneration		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) normal old age			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4222

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 1948, 19, to 9-22-1949, that I last saw the deceased alive on 9-11-1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Dawson M.D.		23b. ADDRESS El Dorado Spgs		23c. DATE SIGNED 9-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/25/49		24c. NAME OF CEMETERY OR CREMATORY Clintonville	
24d. LOCATION (City, town, or county) El Dorado spgs		24e. (State) MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moses Funeral Home El Dorado spgs	
DATE REC'D BY LOCAL REG. 10/4/49		REGISTRAR'S SIGNATURE George W. Mofus 418		ADDRESS L. C. Knowlton	

RECEIVED
District Health Officer No. 7,
District File Number 9-49-1175
Date Filed 10-3-49

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 George W. Nafes

Signed _____
Student Embalmer

Licensed Embalmer No. 2752

P. O. Address El Dorado 1740 no

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.