

FILED JAN 30 1950

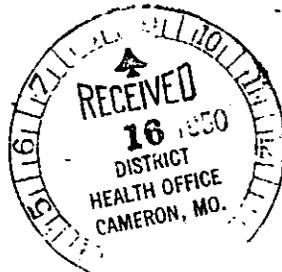
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1907

740

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

|   |  |   |   |  |   |  |  |
|---|--|---|---|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 251  |   | PRIMARY REG. DIST. NO. 4381  |   | Registrar's No. 3  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Nodaway</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY <u>Nodaway</u> |   |  |  |
| b. CITY OR TOWN <u>Hopkins</u>  |  | c. LENGTH OF STAY (in this place) <u>45 yrs</u>   |   | c. CITY OR TOWN <u>Hopkins</u>   |   | 0740   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |   |   | d. STREET ADDRESS (If rural, give location) _____  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>HARRY</u><br>b. (Middle) <u>ALBERT</u><br>c. (Last) <u>DALBY</u>   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan 9 - 1950</u> |  |   |  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |   | 8. DATE OF BIRTH <u>Mar 21 - 1882</u>                                    |  |
| 9. AGE (in years last birthday) <u>67</u>   |  | IF UNDER 1 YEAR Months _____ Days _____   |   | IF UNDER 4 HRS. Hours _____ Min. _____   |   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>              |  | 11. BIRTHPLACE (State or foreign country) <u>CRAWFORD COUNTY MO</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>JAMES T. DALBY</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>EMMA E. EASTERLY</u>               |  | 14. NAME OF HUSBAND OR WIFE <u>JENNIE DALBY</u>                     |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Dalby</u> ADDRESS <u>Hopkins, Mo</u>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Coronary thrombosis</u>   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>                            |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |  |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |   |  |   | <u>4201</u>  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |   | 20. AUTOPSY?<br>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) _____  |   |  |  |
| 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>1/7</u> , 19 <u>50</u> , to <u>1/9</u> , 19 <u>50</u> that I last saw the deceased alive on <u>1/9</u> , 19 <u>50</u> and that death occurred at <u>10:05</u> m., from the causes and on the date stated above. |  |   |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>O. W. Turner, M.D.</u>  |  |   |   | 23b. ADDRESS <u>Hopkins</u>  |   | 23c. DATE SIGNED <u>1/10/50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>JAN. 11-1950</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo</u>          |  |
| DATE REC'D BY LOCAL REG. <u>1-12-50</u>   |  | REGISTRAR'S SIGNATURE <u>Bess Holt</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u>  |   | ADDRESS <u>Hopkins, Mo</u>   |  |



**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.....

..... *myself* ..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Stanley Swanson* .....  
Licensed Embalmer No. *3983* .....

P. O. Address *Hopkins, 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 this body is not embalmed, fact should be so stated above.