

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4232

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clever</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clever</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>G.</u> c. (Last) <u>Dahl</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 25 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>11-19-1866</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Dahl</u>	
13b. MOTHER'S MAIDEN NAME <u>Annie Reilly</u>		14. NAME OF HUSBAND OR WIFE <u>Dahl Leona Swadley, Solomon,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leona Dahl</u>		ADDRESS <u>Clever, Missouri</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Renal Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal Failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
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) (Min.)	
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>January, 1949</u> to <u>February, 1950</u> ; that I last saw the deceased alive on <u>2-25, 1950</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger, M.D.</u>		23b. ADDRESS <u>Clever, Mo</u>	
23c. DATE SIGNED <u>3-1-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Christian County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>3-1-50</u>	
REGISTRAR'S SIGNATURE <u>Aline Hoover</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Reed Harris</u>	
ADDRESS <u>60</u>		ADDRESS <u>Clever, Missouri</u>	

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

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RECEIVED MAR 4 1950
District Health Office No. 6,
District File Number 350-291
Date Filed 3-4-50

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.....

John Allen Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clewer, 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.