

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17371

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline,</u> <u>0581</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>427 E Booker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Samuel</u>	b. (Middle) <u>C</u>	c. (Last) <u>Dell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 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>Dec. 9 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR (Months) <u>4</u>	IF UNDER 1 DAY (Hours) <u>22</u>	IF UNDER 1 MIN. (Min.)
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------------------	----------------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Scottsville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Adolphus B. Dell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Lions</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Jane Dell</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn H. Dell</u>	ADDRESS <u>Marceline, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Dis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Decompensation</u> DUE TO (c) <u>Circulatory Failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (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 March 10, 1950, to March 3, 1950, that I last saw the deceased alive on Mar 3, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>W. Owen W. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>5-5-50</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, m.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-6-1950</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Slaughter</u>	ADDRESS <u>Marceline, Mo.</u>
--	--	--	-------------------------------

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

58



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.

Student
Student Embalmer

Signed Blanche McCaughtin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.