

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19291**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If partitioned: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PLUKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (If this place) <u>4 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>GREEN TOP MO-0010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOS. HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Dale</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>May 2 - 1898</u>
9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Judson Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>Sebastian Dale</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SUSAN LAWSON</u>	
14. NAME OF HUSBAND OR WIFE <u>AUDREY DALE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Audrey Dale Green Top 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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary failure</u>		<u>8 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma to brain</u>		<u>10 hrs</u>	
DUE TO (c) <u>auto accident</u>		<u>#</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Skull fracture</u>		<u>8 1/2 hrs</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) <u>highway #63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>greentop RR adair mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/9/51 2:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>	
22. I hereby certify that I attended the deceased from <u>6/9/51, 1951</u> , to <u>6/10/51, 1951</u> , that I last saw the deceased alive on <u>6/9/51, 1951</u> , and that death occurred at <u>12 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald Siehl, D.O., V.</u>		23b. ADDRESS <u>Juksville Osteo Hosp Juksville Mo</u>	23c. DATE SIGNED <u>6/10/51</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>B.</u>	24b. DATE <u>June 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Martinsburg Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Judson Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>6-13-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Suster</u> ADDRESS <u>Wen Mowell Mo</u>	

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

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JUL 5 1951

RECEIVED

Date Received: JUN 18 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-1115  
Date Filed: JUN 19 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Murl E. Husted*

Licensed Embalmer No. *3394*

P. O. Address *Unsworth 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.