

No. 300
10. 48

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24086

BIRTH NO. 410912-57 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 175

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (In this place) <u>2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1127 Henry St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janice</u>	b. (Middle) <u>Elaine</u>	c. (Last) <u>Dale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 19, 1951</u>	9. AGE (In years last birthday) <u>2</u>	10. UNDER 1 YEAR Months <u>2</u>	11. UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. B. Dale</u>	13b. MOTHER'S MAIDEN NAME <u>Maxine Krall</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>J. B. Dale</u>	ADDRESS <u>1127 Henry Moberly</u>
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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>2 1/2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) m.	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 July 19, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 7:36 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. McCormick D.O.</u>	(Degree or title)	23b. ADDRESS <u>300 1/2 W. Reed St. Moberly, Mo.</u>	23c. DATE SIGNED <u>7-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Cairo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 21-51</u>	REGISTRAR'S SIGNATURE <u>Chas. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howe Funeral Home</u>	ADDRESS <u>Moberly Mo.</u>
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Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE
District File Number 8-51
Date Filed: AUG 2 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.