

FILED DEC 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36734

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
		d. STREET ADDRESS (If rural, give location) <u>St. Marys Blvd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. William Buell Dallas</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1951</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. 13, 1889</u>
9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Month <u>11</u> Day <u>17</u> IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Ins. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (State or foreign country) <u>Linn, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Lewis Dallas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Dallas</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>480-09-8153</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Dallas Jefferson City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ 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 <u>4200</u>	
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)		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>Nov 30, 1951</u> , to <u>Nov 30, 1951</u> , that I last saw the deceased alive on <u>Nov 30, 1951</u> , and that death occurred at <u>3:20 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Earl J. Lloyd M.D.</u> (Degree or title)		23b. ADDRESS <u>Jeff City, Mo</u>	23c. DATE SIGNED <u>12-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 3-1951</u>	REGISTRAR'S SIGNATURE <u>R. D. Davis MD - MR. 68</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Brieschen Jefferson City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 6 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed DEC 6 1951

SEP 29 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

Signed *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City 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.