

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5614**

LED MAR 14 1952

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) 9376 Springfield	
c. LENGTH OF STAY (in this place) 147 days		d. STREET ADDRESS (If rural, give location) 2517 N. Weller, Rt. 10, Box 64A	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) Charles	b. (Middle) Henry	c. (Last) Dahlman	(Month) March	(Day) 7	(Year) 1952	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 5-19-91	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Dahlman	13b. MOTHER'S MAIDEN NAME Tilda Lehn	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-10-1808	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Wilson Peck, Mt. Vernon, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		abt. 8 months
	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 checked="" 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)	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 **10-10-**, 19**51**, to **3-7-**, 19**52**, that I last saw the deceased alive on **3-7-**, 19**52**, and that death occurred at **10:45a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 3-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-7-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Springfield Mo
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DATE REC'D BY LOCAL REG. 3-10-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	411-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Springfield Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
550
2

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 Fred C. Theel.....

Licensed Embalmer No. 2899.....

P. O. Address Springfield, 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.