

STANDARD CERTIFICATE OF DEATH

State File No.

9198

FILED APR 11 1953

| | | | | | | | |
|--|-------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>58</u> | | PRIMARY REG. DIST. NO. <u>5215-</u> | | Registrar's No. <u>9</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Carter</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural- Kelly Twp.</u>) | | c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Kelly Twp</u> <u>0180</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. 1, Van Buren, Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Van Buren, Mo.</u> <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilburn</u> | | b. (Middle) <u>Earl</u> | | c. (Last) <u>Dell</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1953</u> | |
| 5. SEX <u>Male</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 28, 1898</u> | | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>54</u> <u>3</u> <u>1</u> | |
| 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>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Waynesville, Missouri</u> <u>C</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Vander Berry Dell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Allen Cook</u> | | 14. NAME OF HUSBAND OR WIFE <u>Virginia Dell</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>487-18-5577</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Snowden Dell, Van Buren, Missouri</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia,</u> ANTECEDENT CAUSES <u>Infulenza,</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</i> DUE TO (b) _____ DUE TO (c) <u>Hemiplegia of some yrs. duration</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>480X</u> | | | | 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) | | 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>1948</u> , to <u>Mch. 29th 1953</u> , that I last saw the deceased alive on <u>Mch. 28th 1953</u> , and that death occurred at <u>2:25 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J.W. Cotton, M.D.</u> (Degree or title) <u>0</u> | | | | 23b. ADDRESS <u>Van Buren, Mo.</u> | | 23c. DATE SIGNED <u>4-9-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-4-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Van Buren, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>April 8-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u> <u>500</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clema M. Hester Van Buren, Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen C. McSpalden

Licensed Embalmer No. 4843

P. O. Address Van Buren, 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.