

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5506 Registrar's No. 83

420
3

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

1. PLACE OF DEATH a. COUNTY <u>Henry</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 township) OR TOWN <u>Clinton Hwy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u> <u>0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 13</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cleo</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>Dell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1953</u>
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5. SEX <u>Male</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 30, 1915</u>	9. AGE (In years last birthday) <u>37</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> IF UNDER 6 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trucker</u>	11. BIRTHPLACE (State or foreign country) <u>Waynesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Snowden Dell</u>	13b. MOTHER'S MAIDEN NAME <u>Blanche Maze</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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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) <u>Yes</u> <u>WWII</u>	16. SOCIAL SECURITY NO. <u>500-18-0299</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Snowden Dell, Van Buren, Mo</u>	ADDRESS
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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, asthma, 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>Crushed Chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Motor Vehicle</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #13</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Clinton Henry Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-5-53 3A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>drove off of bridge on #13 So of Clinton</u>
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22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on Oct., 19____, and that death occurred at 3A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Powell coroner.</u>	(Degree or title) <u>3rd D.O.</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>3/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Van Buren, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar-5-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McSpadden Funeral Home</u>	ADDRESS <u>Van Buren Missouri</u>
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MAR 24 1953

MAR 17 1953

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 Eugene R. Consalis

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.