

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43556

State File No. ....

**FILED DEC 28 1953** REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5684 Registrar's No. 28

**1. PLACE OF DEATH**  
a. COUNTY LIVINGSTON LINN

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY LIVINGSTON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - PARSONS CREEK c. LENGTH OF STAY (in this place) 3 yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEADVILLE RURAL d. STREET ADDRESS (If rural, give location) CLAY TWP

**3. NAME OF DECEASED**  
a. (First) CHARLES b. (Middle) CREEL c. (Last) DULANEY

**4. DATE OF DEATH** (Month) (Day) (Year) Dec. 3 1953

**5. SEX** male **6. COLOR OR RACE** white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed

**8. DATE OF BIRTH** April 23 - 1865 **9. AGE** (In years last birthday) 88 IF UNDER 1 YEAR Months 7 Days 10 Hours  Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farming **10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and State or Foreign Country) MACOMB ILLINOIS **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** W. P. DULANEY **13b. MOTHER'S MAIDEN NAME** FRANCES JEFFRIES **14. NAME OF HUSBAND OR WIFE** JESSIE THATCHER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) unknown **16. SOCIAL SECURITY NO.**  **17. INFORMANT'S SIGNATURE OR NAME** Frances Much, Meadville, Mo. **ADDRESS**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Acute Renal Insufficiency 1 wk.

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertrophy of Prostate Gland.  
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  NO

**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)** 610 X

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) (Min.)  **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Dec. 3, 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree of title) Will Bryan M.D. **23b. ADDRESS** Wheeling, Mo. **23c. DATE SIGNED** 12-7-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL **24b. DATE** DEC 5 - 1953 **24c. NAME OF CEMETERY OR CREMATORY** Hale Cemetery **24d. LOCATION** (City, town, or county) (State) north of Hale Mo.

**DATE REC'D BY LOCAL REG.** Dec. 26 - 1953 **REGISTRAR'S SIGNATURE** Mrs. Buder Kelley **25. FUNERAL DIRECTOR'S SIGNATURE** W. L. Shepard **ADDRESS** Wagon Mo.

(Licensed Embalmer's Statement on Reverse Side)

Slater Funeral Home, Hale, Mo.

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

8 230 11

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 A. L. Lipscomb

Licensed Embalmer No. 3970

P. O. Address Mendon 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.