

FILED NOV 29 1954

## STANDARD CERTIFICATE OF DEATH

5234

State File No. 30039

BIRTH NO. 69367-54 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5282 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, 4 miles north of</b> )		c. CITY OR TOWN <b>Lawson</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <b>Lawson, Mo. Route #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Lawson Mo. Route #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Glenn</b> c. (Last) <b>Dagley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30, 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>Sept, 10, 1954</b>
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b>22</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>David Eldon Dagley</b>	13b. MOTHER'S MAIDEN NAME <b>Vera Ferne Ashcraft</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>David Eldon Dagley,</b>	ADDRESS <b>Lawson, Mo. Route #2</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Smothered by Stephen Dagley laying on it in its bed</b>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) -		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9240</b> <b>18</b>		

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 SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <b>Lawson</b> (COUNTY) <b>Clay</b> (STATE) <b>Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from **Oct. 30, 1954**, to **Oct. 30, 1954**, that I last saw the deceased **dead**, 19\_\_\_, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clotus Bucher, M.D.</b> (Degree or title)	23b. ADDRESS <b>Lawson Mo</b>	23c. DATE SIGNED <b>10/11/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov, 1, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11/15/54</b>	REGISTRAR'S SIGNATURE <b>Careland Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard</b> ADDRESS <b>Excelsior Springs Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

200

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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.....  
Signature of Student Embalmer

Signed *Lindell Jarman*.....

Licensed Embalmer No. *458*  
*Excelsior Springs,*  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.