

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19232

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5616</u>		Registrar's No. <u>43</u>			
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAMS</u>					
b. CITY OR TOWN <u>GORIN R.R.#1</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		c. CITY OR TOWN <u>QUINCY</u>		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GORIN R.R.#1</u>				d. STREET ADDRESS (If rural, give location) <u>822 CHESTNUT</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINA</u>			b. (Middle) <u>DALE</u>		c. (Last) <u>HERRINGTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 26-1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, / WIDOWED, DIVORCED* (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 6-1884</u>		9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days		
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARK CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN WM DALE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY J. REYNOLDS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN HERRINGTON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Les Herrington</u>		ADDRESS <u>QUINCY, ILL.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation of heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis without</u> and <u>decompensation</u> DUE TO (c) <u>4222</u>					
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"/>			
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) m.		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>Mar 30, 1955</u> , to <u>June 25, 1955</u> , that I last saw the deceased alive on <u>Mar 30, 1955</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson MD</u>				23b. ADDRESS <u>Wyaconda, MO</u>		23c. DATE SIGNED <u>6-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENMOUNT</u>		24d. LOCATION (City, town, or county) (State) <u>QUINCY ILLINOIS</u>				
DATE REC'D BY LOCAL REG. <u>June 28, 55</u>		REGISTRAR'S SIGNATURE <u>Helle L. Dunst</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Duker</u>		ADDRESS <u>Living See</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1958

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 Albert Decker

Licensed Embalmer No. 2703

P. O. Address Jeffrey Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.