

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32023

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Township</u>	c. LENGTH OF STAY (in this place) <u>99 1/2</u>	c. CITY OR TOWN <u>Alba</u>	Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3 Nevada Mo</u>		e. STREET ADDRESS (If rural, give location) <u>unknown</u>	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) - ARTHUR - c. (Last) DALE 4. DATE OF DEATH (Month) (Day) (Year) Sept 22, 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH Jan 27, 1876 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 7 Days 25 Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Jasper County Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dick Dale 13b. MOTHER'S MAIDEN NAME Emma Franks 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 3 Nevada Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blind</u> <u>Senile Psychosis</u>			

19a. DATE OF OPERATION no 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 21, 1946, to Sept 22, 1955, that I last saw the deceased alive on Sept 21, 1955, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L Barone MD 23b. ADDRESS State Hospital 3 Nevada Mo 23c. DATE SIGNED Sept 22/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 24, 55 24c. NAME OF CEMETERY OR CREMATORY Friends 24d. LOCATION (City, town, or county) (State) Curcell, Missouri

DATE REC'D BY LOCAL REG Sept 22, 55 REGISTRAR'S SIGNATURE Anna & Ferry 451 25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis Funeral Home ADDRESS Webb City - MO

(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.....
Signature of Student Embalmer

Signed *Richard Gray Jewell*

Licensed Embalmer No. *440*

P. O. Address *Wells St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.