

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36208

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Cape Girardeau</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>SIXESTON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 61. E. of Cape Gir</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Damon</u> b. (Middle) <u>Lyman</u> c. (Last) <u>Dale</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1955</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>5-20-35</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.E.A. COOP.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>LYMAN FREDERICK DALE</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH SMITH</u>	14. NAME OF HUSBAND OR WIFE _____
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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>No</u>	16. SOCIAL SECURITY NO. <u>496-38-7781</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lyman F Dale - Sixeston 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>Internal injuries to the chest - Compression of the Brain</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 SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau of Cape Gir Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 28 1955 11:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Demolition site swung rear of truck</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 \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. F. Sigmond, Coroner</u>	23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED <u>11-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>	24d. LOCATION (City, town, or county) (State) <u>SIXESTON MO</u>
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DATE REC'D BY LOCAL REG. <u>12-30-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u>	ADDRESS <u>Sixeston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 17 1958

MAY 17 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Raymond Crews*

Licensed Embalmer No. *346*

P. O. Address *Subkeston*

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.