

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. LUTER.

FILED FEB 1 1956

State File No. 130

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 0006 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b>		c. CITY OR TOWN <b>Rich Hill</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>12 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>201 West Chestnut St. 8070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOYCE</b>	b. (Middle) <b>ELAYNE</b>	c. (Last) <b>DALE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 20 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>July 27 1950</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>5</b>	IF UNDER 2 HRS. Hours <b>12</b>	IF UNDER 15 MIN. Min. <b>00</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Butler, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Dennis Dale</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Cameron</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) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dennis Dale</b>	ADDRESS <b>Rich Hill, Missouri</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post-operative</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 hours</b>
	ANTECEDENT CAUSES <b>loosil hemorrhage</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Secondary Deculitary</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Phosk 5101</b>		

19a. DATE OF OPERATION <b>1/20/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Tenidectomy &amp; Splenectomy</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE <b>HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Butler, Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 20 1956 9P.M.</b>	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 **Jan 20, 1956** to **Jan 20, 1956**, that I last saw the deceased alive on **Jan 20, 1956** and that death occurred at **9P.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>D. W. Luter</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Butler, Mo</b>	22c. DATE SIGNED <b>1/23/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1 / 22 / 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rich Hill, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 23 - 1956</b>	REGISTRAR'S SIGNATURE <b>Kendall Kerney</b>	17-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Both Funeral Service Rich Hill, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John G. Underwood*  
Licensed Embalmer No. *358*  
P. O. Address *Butter Y*

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.