

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23170**BIRTH NO. **44745-56** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **226**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>9 hrs.</b>	c. CITY OR TOWN <b>Stony Hill</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Charles E. Still Osteopathic Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b>			b. (Middle) <b>Boy</b>		c. (Last) <b>Dahl</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>August 1, 1956</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>August 1, 1956</b>		9. AGE (In years last birthday) <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>newborn</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Vernon Herbert Dahl</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Marie Lottmann</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
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>Dorothy Dahl, Stony Hill, Missouri</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature separation of membranes!</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>9 hours.</b> <b>3 ds.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7615</b>			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) (Min.)		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 <b>8/1/56</b> , 19___, to <b>8/1/56</b> , 19___, that I last saw the deceased alive on <b>8/1/56</b> , 19___ and that death occurred at <b>5:15P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>L. G. Jeter, M.D.</b>			23b. ADDRESS <b>Hermann, Mo.</b>		23c. DATE SIGNED <b>8/2/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/2/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Luth. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>R70 OWENSVILLE MO</b>
DATE REC'D BY LOCAL REG. <b>2 August 1956</b>		REGISTRAR'S SIGNATURE <b>R.P. Dorris MD-MR.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HUGOT, PLEUER</b> ADDRESS <b>HERMANN MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
*Hugos Hermann*  
Licensed Embalmer No. *316*  
P. O. Address *Herrmann*

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.