

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26337**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **4128** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Lawson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N. Ex. Springs, Mo.		STREET ADDRESS (If rural, give location) Rural Route # 2	

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) ELLA c. (Last) DAGLEY			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 17, 1864	9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Excelsior Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Moore	13b. MOTHER'S MAIDEN NAME Ann Davis	14. NAME OF HUSBAND OR WIFE Johnnie Dagley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jennie Dagley,	ADDRESS Route #2, Lawson, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbidity 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. Mild Psychosis - Arteriosclerosis		years -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Sept. 18, 1949, to July 20, 1956, that I last saw the deceased alive on April 30, 1956 and that death occurred at 1:15 a. m. from the causes and on the date stated above.

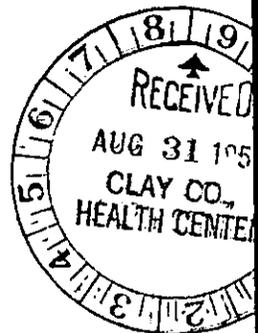
23a. SIGNATURE <i>Richard E. Bunker</i>	(Degree or title) MD	23b. ADDRESS Excelsior Springs Mo	23c. DATE SIGNED 7/23/56
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 7-23-56	24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery	24d. LOCATION (City, town, or county) (State) Lawson, Missouri
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DATE REC'D BY LOCAL REG. 8/3/56	REGISTRAR'S SIGNATURE <i>Barolene Hutchings</i>	25. FUNERAL BY Richard E. Bunker, Home, Inc. Excelsior Springs, Missouri
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

62-1



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 *Ludell Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, Mo.*

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.