

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH11927
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lancaster, Mo. 0980 0		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim Smith Hospital			Length of stay in 1b 2 hrs 12 min		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edgar Middle NMI Last Dellinger				4. DATE OF DEATH Month 5 Day 6 Year 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-8-1900		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Scotland, County		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME Hezeka Dellinger				14. MOTHER'S MAIDEN NAME Nancy Jane Cook			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 486-18-7419		17. INFORMANT Grim Smith Hospital Records		Address Kirksville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS							INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)
							DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-6-57 to 5-6-57 and last saw her him alive on 5-6-57 Death occurred at 6:05 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 5-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 8 1957	23c. NAME OF CEMETERY OR CREMATORY Armi Memorial		23d. LOCATION (City, town, or county) Lancaster		(State) MO
24. FUNERAL DIRECTOR Normans		ADDRESS Lancaster, MO		25. DATE RECD. BY LOCAL REG. 5-7-1957		26. REGISTRAR'S SIGNATURE Doris W. Patliff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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securing the medical certification in the specific manner required by 193.140 MoKS 1947.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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(Licensed Embalmer's Statement on Reverse Side)

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 *David B. Foster*

Licensed Embalmer No. *4742*

P. O. Address *Huberville, 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.