

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14335

STATE FILE NUMBER

FILED APR 18 1957

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 434

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan		c. CITY OR TOWN Doniphan 0910	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303 Brooks St.		d. STREET ADDRESS (If outside, give location) 303 Brooks St.	
Length of stay in lb 1 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MILES Middle RICHARD Last DALE			4. DATE OF DEATH Month March Day 20 Year 1957
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 Sept. 11, 1886
9. AGE (In years) 70	IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Ripley County, Mo.
12. COUNTRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Casper Dale	
13b. MOTHER'S MAIDEN NAME Nancy Drew		14. NAME OF HUSBAND OR WIFE Mabel Dale	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mabel Dale, Doniphan, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 Days
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 (a)			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.) 490X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21. I attended the deceased from Death occurred at 3-1-57 to 3-20-57 and last saw him alive on 3-19-57 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. Edwards</i> (Degree or title)		22b. ADDRESS Doniphan Mo.	
22c. DATE SIGNED 3/25/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/22/1957	
23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery		23d. LOCATION (City, town, or county) Doniphan, Missouri	
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 3-29-57	
26. REGISTRAR'S SIGNATURE <i>C. Johnston</i>			

(Licensed Embalmer's Statement on Reverse Side)

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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 *Gene A Parent*

Licensed Embalmer No. *4809*
P. O. Address *Douglas*

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.