

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25612**
331

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>5 weeks</u>	c. CITY OR TOWN <u>Lincoln</u>	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. <u>Bothwell Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) <u>HERBERT L V</u> <u>HENRY</u> <u>DAHL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 21, 1891</u>		9. AGE (In years last birthday) <u>66</u>	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 1 HR. Hours	If UNDER 1 HR. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Die Maker ret'd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Golden Valley, North Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Smith Dahl</u>	
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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) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>186-07-2500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katherine Dahl, Rt. 2, Lincoln, Mo.</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None known</u>					
		DUE TO (c) <u>Carcinoma of Stomach</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> <u>151X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma - Esophagus & Stomach</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from June 1, 1957 to Aug 3, 1957, that I last saw the deceased alive on Aug 3, 1957 and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.A. Mandy M.D.</u>		23b. ADDRESS <u>1802 W. 11th St Sedalia, Mo</u>		23c. DATE SIGNED <u>8/3/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/4/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer's</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>8-4-57</u>	REGISTRAR'S SIGNATURE <u>Francois Shelby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman</u> ADDRESS <u>Sedalia, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

AUG 13 1957

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 *Deane Ewing*.....

Licensed Embalmer No. *384*.....

P. O. Address *Edwards*.....

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.