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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008771
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 27 Primary Registration District No. 5077 Registrar's No. 45

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1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Charlotte</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Butler</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT 4 Butler</u>		Length of stay in 1b <u>12 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>RT 4</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Lulu</u> Middle <u>-</u> Last <u>Dale</u>			4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-12-1870</u>	9. AGE (In years last birthday) <u>87 2/3</u>	10. F UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Plymouth, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph A. Shannon</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie A. Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Dale</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>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Jennie Sawyer RT 4 Butler Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Glomerular Nephritis</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>592X</u>		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.) <u>2</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from <u>April 28, 1948</u> to <u>March 7, 1958</u> and last saw her alive on <u>March 16, 1958</u> Death occurred at <u>1:35 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. J. Schurck, D.O.</u> (Degree or title)	22b. ADDRESS <u>Amoret, Missouri</u>	22c. DATE SIGNED <u>3-17-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-19-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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24. FUNERAL DIRECTOR <u>Cubow-Underwood</u>	ADDRESS <u>Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar-18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Randall Army</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only embossed certificate. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *Robert G. Stambach*

Licensed Embalmer No. *4657*

P. O. Address *Burley, MD*

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.