

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 26 1960

-60-018086

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri p. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 3 years		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #402 N. Cedar - St Jones Nursing Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 402 North Cedar	
3. NAME OF DECEASED (Type or print) First RUDOLFH Middle F. Last DALLUGE				4. DATE OF DEATH Month April Day 18 Year 1960			
5. SEX M		6. COLOR OR RACE Wh		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-14-1874	
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Illinois	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Julius Dalluge				13b. MOTHER'S MAIDEN NAME Minnie Gaul		14. NAME OF HUSBAND OR WIFE Mary E. Dalluge, Deceased	
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 Address Henry F. Dalluge, Stonington, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral vascular accident						30 min.	
DUE TO (b) Cerebral arteriosclerosis							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 March 10, 1959 to Apr. 18, 1960 and last saw ^{him} her alive on April 14, 1960 Death occurred at Nevada, Missouri 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L. P. McCann</i> (Degree or title) L. P. McCann, M.D.				22b. ADDRESS Moore Bldg., Nevada, Missouri		22c. DATE SIGNED 4/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 20, 1960		23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada Missouri	
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri				25. DATE RECD. BY LOCAL REG. 4-23-1960		26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Neuads, Va

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.