

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5865**

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4442** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Ray 0890		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta		c. CITY OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 0		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Highway #13		f. STREET ADDRESS (If rural, give location) Wollard Blvd. 0890	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) GROVER c. (Last) DALE			4. DATE OF DEATH (Month) (Day) (Year) February 24, 1955		
5. SEX Male <input type="checkbox"/> White	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man		10b. KIND OF BUSINESS OR INDUSTRY State Hiway Dept.	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Wesley Dale		13b. MOTHER'S MAIDEN NAME Olivia Magill		14. NAME OF HUSBAND OR WIFE Bertha Smith Dale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-24-0438		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha S. Dale, Richmond, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Inst. 18 Mo.
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/11, 1954 , to 2/24, 1955 that I last saw the deceased alive on 2/24, 1955 , and that death occurred at 1:00 p.m. , from the cause and on the date stated above.					

23a. SIGNATURE D. E. Q. Revare		23b. ADDRESS Richmond Mo.		23c. DATE SIGNED 2/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	
24d. LOCATION (City, town, or county) Richmond, Mo.		24e. DATE REC'D BY LOCAL REG. Mar-1-1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Levant Thurman Richmond, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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, ~~of~~ by....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. L. Thurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.