

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33102

State File No.

FILED NOV 9 1950

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4171 Registrar's No. 55

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| 1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u> | |
| b. CITY OR TOWN <u>Clarkdale Mo</u> | | c. CITY OR TOWN <u>Clarkdale</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Clarkdale Mo</u> | | | |

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|-------------------------------------|---------------------------|-------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Cynthia</u> | b. (Middle) <u>Anna</u> | c. (Last) <u>Dalby</u> | 4. DATE OF DEATH (Month) <u>10</u> (Day) <u>29</u> (Year) <u>50</u> |
|-------------------------------------|---------------------------|-------------------------|------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Jan, 15, 1868</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Month <u>9</u> Day <u>14</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>DeKalb Co., Mo.,</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>John Brooks</u> | 13b. MOTHER'S MAIDEN NAME <u>Ann Brooks</u> | 14. NAME OF HUSBAND OR WIFE <u>Henry Dalby</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Settie Schottel</u> ADDRESS <u>Clarkdale Mo</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No definite disease</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Old age</u> DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>794X</u> |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

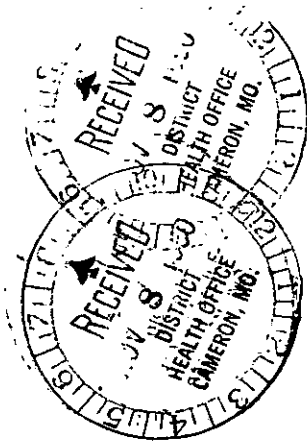
22. I hereby certify that I attended the deceased from Oct 1 1950 to Oct 29 1950, that I last saw the deceased alive on Oct 25 1950, and that death occurred at 6 p m., from the causes and on the date stated above.

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|---|----------------------------------|----------------------------------|
| 23a. SIGNATURE <u>E. W. Reynolds M.D.</u> (Degree or title) | 23b. ADDRESS <u>Union St. Mo</u> | 23c. DATE SIGNED <u>10-31-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-31-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Clarkdale Mo</u> | 24d. LOCATION (City, town, or county) <u>Clarkdale Mo</u> (State) _____ |
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| DATE REC'D BY LOCAL REG. <u>11-3-50</u> | REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown-Marswell</u> ADDRESS _____ |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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
Student Embalmer

Signed.....

John Bean
Licensed Embalmer No. 3933
P. O. Address Wayside

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 this body is not embalmed, fact should be so stated above.