

S. No. 2.
-12-45
5-17-39
1 X47070

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7851
Registrar's No. 102

Registration District No. 38
FILED APR 11 1947

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution twenty seven days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dale, Hugh Elbert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norma Dale
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 28 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 2 hr. min.

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name James Dale
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Marie Nevins
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.E. Dale
(b) Address Mountain Grove Missouri

17. (a) Burial (b) Date thereof 4-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mountain Grove Mo

18. (a) Signature of funeral director R. Palmer
(b) Address Columbia

19. (a) 3-31-47 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
year 1947 hour 12:00 minute M.

21. I hereby certify that I attended the deceased from MARCH 3, 1947, to MARCH 30, 1947, that I last saw him alive on MARCH 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY EMBOLUS Duration 15 min.
Due to POSTOPERATIVE (P.O. IX) - CARCINOMA OF STOMACH 15 mo.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 46 B

Major findings: CARCINOMA OF STOMACH
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury 0
23. Signature Cornelia E. Motley (M. D. or other) _____
Address Ellis Field Conin Hoop, Columbia Date signed 3-30-47

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 10 1947

1947 OCT 10

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, only.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Lyman D. ...*
Licensed Embalmer No. 4013
P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.