S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5838

FILED MAR 4 1948

Registration District No. 214 Primary Registration District No. 3056 Registrar's No. 78

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Woodland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Cairo (If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS BENTON DALE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Girthena Dale
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August (Month) 26 (Day) 1866 (Year)

8. AGE: Years 81 Months 5 Days 30 If less than one day hr. min.

9. Birthplace Cairo (City, town, or county) Randolph Co. (State or foreign country) MO.
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Jacob Dale
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Downey
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Thomas Dale
(b) Address Cairo MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Prairie Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) Feb 27-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th year 1948 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from April, 1946 to 24 Feb, 1948 that I last saw him alive on 25 Feb, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Surgical shock	
Due to: Anesthetic Reaction Fractured Right hip	
Due to: Senility Diabetes	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 88
(b) Date of occurrence 23 Feb 1948
(c) Where did injury occur? Cairo (City or town) Randolph (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature John S Heydock (M. D. or other) DO
Address Cairo Mo Date signed 26 Feb 48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-48-403
Date Filed MAR 2 1948

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 C. L. Hutton Registered Apprentice No. 10 working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.