

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14705**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **146**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE Novelty MO b. COUNTY Shelby MO	
b. CITY OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty	
c. LENGTH OF STAY (in this place) 9 days		d. STREET ADDRESS (If rural, give location) 6 miles South West	
d. FULL NAME OF HOSPITAL OR INSTITUTION Greenwich Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Ellis c. (Last) Dayle			4. DATE OF DEATH (Month) (Day) (Year) May 9 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Mar. 21 1886		9. AGE (In years of last birthday) 63		10. AGE (In years of under 1 year) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Novelty Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Dave Dayle		13b. MOTHER'S MAIDEN NAME Elva Howerton		14. NAME OF HUSBAND OR WIFE Mrs. J.E. Dayle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.E. Dayle, NOVELTY MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		II. OTHER SIGNIFICANT CONDITIONS mod Anemia from nose bleed		2 weeks	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Renal disease DUE TO (c)		see you	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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) 442X	
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 **5-2, 1949**, to **5-9, 1949** that I last saw the deceased alive on **5-9, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Ginn, M.D.		23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 5/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12 49		24c. NAME OF CEMETERY OR CREMATORY Cherry Box	
24d. LOCATION (City, town, or county) (State) Cherry Box Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Hudson Edina, Mo.			
DATE REC'D BY LOCAL REG. May 16 49		REGISTRAR'S SIGNATURE Kate Lambert			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED

District Health Officer No.

District File Number 5-49-2

Date Filed MAY 24 1949

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.

Signed _____

Keith Hudson

Signed _____

Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina 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.