

FILED MAY 21 1949

STANDARD CERTIFICATE OF DEATH

15001

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>San Diego</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>4</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>San Diego</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garry</u> b. (Middle) <u>Don</u> c. (Last) <u>Dellinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1949</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Feb 16 - 1946</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 Hrs. Min. <u>2 2 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>San Diego California</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Clayton Dellinger</u>			13b. MOTHER'S MAIDEN NAME <u>Juanita Bayant</u>			14. NAME OF HUSBAND OR WIFE		
--	--	--	--	--	--	-----------------------------	--	--

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>Juanita Dellinger</u>				ADDRESS <u>San Diego Calif.</u>	
--	--	--	--	---	--	--	--	------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction</u> DUE TO (c) <u>Ruptured, gangrenous appendix</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u>							

19a. DATE OF OPERATION <u>4-17-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured, gangrenous appendix Generalized Peritonitis, Intestinal obstruction</u>						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) m.			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 4-12-1949 to 4-22-1949, that I last saw the deceased alive on 4-22-1949, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>5-20-49</u>	
--------------------------------------	--	--	----------------------------------	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locke cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leora Mo.</u>	
--	--	---------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>May 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Funeral Home</u>		ADDRESS <u>Fisk Mo</u>	
---	--	---	--	-----	--	--	--	---------------------------	--

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

MAY 23 RECD

BUTLER COUNTY HEALTH CENTER
POPULAR BLUFF, MISSOURI

548-111

5-22-49

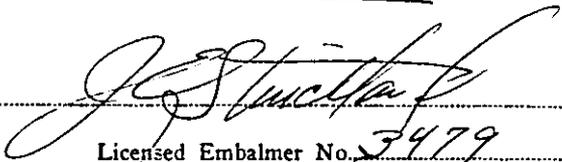
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 3479

Signed _____
Student Embalmer

P. O. Address Nexter, 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.