

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19321

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4210 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u>	c. LENGTH OF STAY (in this place) <u>95</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ridgeway - Home!</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lahn.</u> b. (Middle) <u>Austin</u> c. (Last) <u>Dale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 - 49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 19 - 1870</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR   IF UNDER 2 HRS.   IF UNDER 24 HRS. Min. <u>78 - 10 14</u>
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10a. USUAL OCCUPATION (Give kind of work (See listing most of working life, even if retired)) <u>Retired - Insurance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rt. Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Davis City Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Dale</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy McFelly</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Moorman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, per or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tracy E. Dale Jefferson City Mo</u>	ADDRESS <u>Jefferson City 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 <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Sept 11, 1948, to June 27, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leticia Brewer, M.D.</u>	23b. ADDRESS <u>Ridgeway, Mo</u>	23c. DATE SIGNED <u>June 29 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>June 29 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>	24d. LOCATION (City, town, or county) <u>1 mile N.W. Ridgeway Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 29 1949</u>	REGISTRAR'S SIGNATURE <u>Leticia Brewer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Rogers</u>	ADDRESS <u>Ridgeway Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

41  
0  
0

FEB 18 1958

JAN 29 1958



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. 328

working under my personal supervision.

Signed S. W. Boggess  
Student Embalmer

Signed Robert R. Boggess  
Licensed Embalmer No. 3576

P. O. Address Ridgeway Md

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.