

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

566

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Clay</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Smithville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Clay</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>		0247	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Polby</u>	b. (Middle) <u>Anna</u>	c. (Last) <u>DALE</u>	Month <u>Feb</u>	Day <u>1</u>	Year <u>1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, ENGAGED <u>Widowed</u> (Specify)	8. DATE OF BIRTH <u>MAR 7, 1894</u>	9. AGE (in years last birthday) <u>75</u>	10. MONTHS <u>10</u>	11. DAYS <u>25</u>	12. HOURS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Edgerton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John M. Grooms</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Anderson</u>		14. NAME OF HUSBAND <u>Albert L. Dale</u> (1944)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Milleda LaForte</u> ADDRESS <u>Smithville, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Right Femur</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Gen Arterio Sclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Smithville Clay Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-5-50 6^{pm}</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor</u>			
22. I hereby certify that I attended the deceased from <u>1-5</u> 10:50, to <u>2-1</u> 19 <u>50</u> , that I last saw the deceased alive on <u>2-1</u> 19 <u>50</u> , and that death occurred at <u>1:30</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. S. Hobbs, M.D.</u> (Degree or title)				23b. ADDRESS <u>Smithville Mo.</u>		23c. DATE SIGNED <u>2/1/50</u>	
24a. BURIAL, CREMA: TION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 3-1950</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u> 63		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 4
District Health Officer No. 8
District File Number _____
Date Filed 2-6-50

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 HP

HP Student Embalmer No. HP
working under my personal supervision.

Student HP
Student Embalmer

Signed Owen Boggess

Licensed Embalmer No. 5940

P. O. Address Smithville, 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.