No. 300
10-48

5883

FILED AUG 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27855

BIRTH NO. 51628-50 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 198

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
d. STREET ADDRESS (If rural, give location): 728 Taylor

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle): HAROLD
c. (Last): DALE

**4. DATE OF DEATH** (Month) (Day) (Year): Aug - 7 - 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: Aug-6-1950
**9. AGE** (In years last birthday): 0 | If under 1 year: Months 0 | Days 1 | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Moberly Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James Benton Dale
**13b. MOTHER'S MAIDEN NAME**: Maxine Elaine Kroll
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: J. B. Dale Moberly Mo.
**ADDRESS**:

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart (Patent foramen ovale) — INTERVAL BETWEEN ONSET AND DEATH: 1½ days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 7543

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 8-6, 1950, *to* 8-7, 1950, *that I last saw the deceased alive on* 8-7, 1950, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W. H. McCormick D.O.
**23b. ADDRESS**: 300½ Reed St. Moberly Mo.
**23c. DATE SIGNED**: 8-8-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug-8-50
**24c. NAME OF CEMETERY OR CREMATORY**: Grand Prairie Cemetery
**24d. LOCATION** (City, town, or county) (State): Cairo Mo.

**DATE REC'D BY LOCAL REG.**: Aug 8-50
**REGISTRAR'S SIGNATURE**: Lisa Williams Towe
**25. FUNERAL DIRECTOR'S SIGNATURE**: Snow Funeral Home
**ADDRESS**: Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 14 1950

District Health Officer No. 10

District File Number 8-50-1348

Date Filed AUG 18 1950

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 .....

working under my personal supervision. Not Embalmed

Signed ..... Student Embalmer

Student Embalmer No. .....

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.