

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40009**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 386

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> c. LENGTH OF STAY (In this place) <u>4 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marble Hill</u> <u>5090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. 7 D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AURORA</u> b. (Middle) <u>-</u> c. (Last) <u>DALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31 - 1878</u>
9. AGE (In years) Last birthday (Months) (Days) (Hours) (Mins.) <u>72</u> <u>4</u> <u>15</u> <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>-</u>
11. BIRTHPLACE (State or foreign country) <u>Sugar Grove - Ky. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Phal Luck</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Judson Dale</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lyman Dale - Stanton Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>17 1/2</u> <u>2 1/2 hrs</u>	
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)	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 <u>Dec 31, 1946</u> to <u>Dec 16, 1950</u> that I last saw the deceased alive on <u>Dec 16, 1950</u> and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Gibson M.D.</u>		23b. ADDRESS <u>1912 Broadway Cape Girardeau Mo</u>	23c. DATE SIGNED <u>12/19/50</u>
24a. BURIAL OR CREMATION (Specify)	24b. DATE <u>12/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Luffman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Luffman Mo</u>
DATE REC'D BY LOCAL REG. <u>12-19-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Howell - Cape Gir. Mo.</u>	

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

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RECEIVED

DEC 27 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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. 388

working under my personal supervision.

Student Charles F. Crave
Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cap Hill No.

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.