

FILED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

11474
State File No.

050
1

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flat Creek		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Darrel b. (Middle) Lee c. (Last) Dell			4. DATE OF DEATH (Month) (Day) (Year) 4-19-1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH 3-31-1950
9. AGE (In years last birthday) 1		# UNDER 1 YEAR Months Days	# UNDER 1 HR. Hours Min.
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) Los Angeles, Calif
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lloyd Dell	
13b. MOTHER'S MAIDEN NAME Muriel Bishop		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lloyd Dell-Cassville, Missouri		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver undeveloped ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7562	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION operation was performed in California no cure	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>4/19</u> , 1951, to <u>4/19</u> , 1951, that I last saw the deceased alive on <u>4/19</u> , 1951, and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Henry A. Dalyer, M.D.		23b. ADDRESS Cassville, Mo.	
23c. DATE SIGNED 4/25/51		23d. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
23e. LOCATION (City, town, or county) (State) Barry County, Missouri		23f. DATE REC'D BY LOCAL REG. 5-5-1951	
23g. REGISTRAR'S SIGNATURE Grace Williams		23h. REGISTRAR'S ADDRESS 10	
23i. FUNERAL DIRECTOR'S SIGNATURE How A Williams		23j. FUNERAL DIRECTOR'S ADDRESS Cassville, Mo.	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **MAY 7 1951**

Dist. File 551-9114

Date Filed 5-9-51

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.

Student Embalmer No. _____

Student
Student Embalmer

Signed Glen A Williams

Licensed Embalmer No. 4651

P. O. Address Cassville 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.