

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20695**
Registrar's No. **427**

FILED JUL 2 - 1951

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Marceline b. COUNTY Linn	
b. CITY OR TOWN Marceline		c. CITY OR TOWN Marceline	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis		d. STREET ADDRESS (If rural, give location) 316 E. Chicago	

3. NAME OF DECEASED (Type or Print) a. (First) Jerry	b. (Middle) Delmar	c. (Last) Dail	4. DATE OF DEATH (Month) May (Day) 31 (Year) 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH October 1, 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 7 Days 30	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY Law	11. BIRTHPLACE (State or foreign country) Marceline, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jermiah Rufus Dail	13b. MOTHER'S MAIDEN NAME Sallina Wilburnett	14. NAME OF HUSBAND OR WIFE Naomi Dail
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jerry Dail ADDRESS Lexington, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gastric hemorrhage (ruptured varicosity)		8 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe cough (bronchitis)		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholic cirrhosis, hypertension, diabetes, jaundice			5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from July 17, 1946, to May 31, 1951, that I last saw the deceased alive on May 31, 1951, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip R. Ottman, M.D.	23b. ADDRESS Marceline, Mo.	23c. DATE SIGNED 6/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/3/51	24c. NAME OF CEMETERY OR CREMATORY Mt Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Missouri
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DATE REC'D BY LOCAL REG. 6/1/1951	REGISTRAR'S SIGNATURE Mary Jane Owens	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Gas. M. Langley, Marceline, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

581
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MAY 8 1951

MAY 11 1951

APR 28 1950

MAY 12 1951

Date Received: JUN 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1162
Date Filed: JUN 29 1951

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. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.