

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23689

State File No. ....

FILED JUL 18 1951

0610  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 67

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> |   |
| b. CITY OR TOWN <u>Macon Rural Hudson</u>   |   | c. CITY OR TOWN <u>Macon</u>  |   |
| c. LENGTH OF STAY (in this place) <u>3 days</u>   |   | d. STREET ADDRESS (If rural, give location) <u>204 Broadway</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreath Sanatorium</u>   |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Warden</u> c. (Last) <u>Dale</u>   |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1951</u>  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed-2</u>   | 8. DATE OF BIRTH <u>March 26 1867</u>                     |
| 9. AGE (In years last birthday) <u>84</u>   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   | 13a. FATHER'S NAME <u>Lewis C. Dale</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Sarah McDevitt</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Doc.</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>  |   | 16. SOCIAL SECURITY NO. _____   |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Dale</u>   |   | ADDRESS <u>St Louis, Mo</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                             |   |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>  |   |   |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>Senile Psychosis</u>   |   |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |   |   |
| 19a. DATE OF OPERATION _____  |   | 19b. MAJOR FINDINGS OF OPERATION <u>304x</u>  |   |
| 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) _____   |   | 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>July 1, 1951</u> to <u>July 4, 1951</u> , that I last saw the deceased alive on <u>July 4, 1951</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE (Degree or title) <u>Edson A. Morgan, D.O.</u>   |   | 23b. ADDRESS <u>S.H.O.S. Macon, Mo.</u>   |   |
| 23c. DATE SIGNED <u>7-4-51</u>  |   | 24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Ritual</u>  |   |
| 24b. DATE <u>July 6, 1951</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmer Cem.</u>  |   |
| 24d. LOCATION (City, town, or county) (State) <u>Elmer, Missouri</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u>  |   |
| 25. ADDRESS <u>Macon, Mo.</u>   |   | DATE REC'D BY LOCAL REG. <u>7-7-51</u>  |   |
| REGISTRAR'S SIGNATURE <u>Paul McNeely</u>   |   | 185   |   |

OCT 3 1952

JUL 26 1952  
OCT 28 1952  
SEP 6 1952

JUL 13 1953

SEP 18 1952

RECEIVED 7/16/52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7-51-111  
Date Filed 7-16-52

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. ....

Signed.....  
Student Embalmer

Signed..... *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.