

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2141

State File No.

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville 17812	
c. LENGTH OF STAY (in this place) 2 hrs.		d. STREET ADDRESS (If rural, give location) 128 South Fillmore 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EDDIE b. (Middle) TURNER c. (Last) DALE			4. DATE OF DEATH (Month) (Day) (Year) 1 4 52		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/15/81	9. AGE (In years last birthday) 70	10. F UNDER 1 YEAR 11. F UNDER 1 HR. & MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier - retired		10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt.		11. BIRTHPLACE (State or foreign country) Kentucky /	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Dale		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Nellie Evans Dale	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. T. Dale, Maryville, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <i>Cardio-Vascular Collapse</i>		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Hypertrophy</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343	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 1-4, 1952, to Jan. 4, 1952, that I last saw the deceased alive on 1-4, 1952, and that death occurred at 1:30P m., from the causes and on the date stated above.

23a. SIGNATURE <i>W.R. Jackson</i> (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 1-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/7/52	24c. NAME OF CEMETERY OR CREMATORY Eagleville
24d. LOCATION (City, town, or county) (State) Eagleville, Missouri		

DATE REC'D BY LOCAL REG. 1-12-52	REGISTRAR'S SIGNATURE <i>Bess Bolt</i> 229	25. FUNERAL DIRECTOR'S SIGNATURE <i>Price Funeral Home</i>	ADDRESS Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

5742
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MAY 16 1952

MAY 16 1952

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.....

Clun M. Pucie

Signed.....
Student Embalmer

Licensed Embalmer No..... *1822*

P. O. Address..... *Maryville, 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.