

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22165**

FILED JUN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **4314** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Macou</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Macou</b>	
b. CITY OR TOWN <b>Atlanta-Lyda</b>		c. CITY OR TOWN <b>Atlanta mo</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>✓</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Died at home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert Otis</b>	b. (Middle) <b>Dasch</b>	c. (Last) <b>Dasch</b>	4. DATE OF DEATH (Month) (Day) (Year)
	<b>Robert Otis Dasch</b>			<b>June 14 1953</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 27 1871</b>	9. AGE (If years last birthday) <b>81</b>	10. MONTHS <b>8</b>	11. DAYS <b>19</b>	12. HOURS <b>19</b>	13. MIN. <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Macou Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Phillip Dasch</b>	13b. MOTHER'S MARDEN NAME <b>Adaline Ashorn</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Dasch</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Dasch</b>	ADDRESS <b>Atlanta, Mo.</b>
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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) <b>Coronary Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Right Heart Failure</b> DUE TO (c) <b>Pulmonary Edema</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>			

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 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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **September 25, 1952**, to **June 14 1953**, that I last saw the deceased alive on **June 14, 1953**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>O. L. Woodward</b>	(Degree or title)	23b. ADDRESS <b>Atlanta, Mo.</b>	23c. DATE SIGNED <b>6-15-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 17 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bloomington</b>	24d. LOCATION (City, town, or county) (State) <b>Macou Co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>June 18 1953</b>	REGISTRAR'S SIGNATURE <b>Mrs. O. P. Griffin</b>	186	FUNERAL DIRECTOR'S SIGNATURE <b>H. M. Broadstreet</b>	ADDRESS <b>Atlanta, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6. <sup>18</sup>~~23~~ 53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. ...6.25.53...  
Date Filed ...6.25.53...

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 H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

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.