

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25904**

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **4423** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) WESTON		c. CITY (If outside corporate limits, write RURAL and give township) WESTON 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) HOWARD DALE			4. DATE OF DEATH (Month) (Day) (Year) 7-14-53		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-29-86		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - Retired		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) WESTON, MO		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOHN U. DALE		13b. MOTHER'S MAIDEN NAME DORAH JUDAH		14. NAME OF HUSBAND OR WIFE MARIE FERREL	
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. No		17. INFORMANT'S SIGNATURE OR NAME MRS. HOWARD DALE ADDRESS WESTON, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Sudden death, Coronary occlusion??			DUE TO (b) Arteriosclerosis			5 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) XXXXXXXXXX			6 yrs.
II. OTHER SIGNIFICANT CONDITIONS Prostatitis & operation			Osteomyelitis neck of femur			5 yrs
19a. DATE OF OPERATION 1948			19b. MAJOR FINDINGS OF OPERATION Benign hypertrophy of prostate.			20. AUTOPSY? 4-201 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXX		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Weston Missouri	
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? XXXXXX	

22. I hereby certify that I attended the deceased from **7/14/53**, 19____, to **7/14/53**, 19____, that I last saw the deceased alive on **XXXXX**, 19____, and that death occurred at **10AM** m., from the causes and on the date stated above.

23a. SIGNATURE Genis C. Palmer MD. (Degree or title)		23b. ADDRESS Weston Missouri		23c. DATE SIGNED 7/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-17-53		24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEM	
				24d. LOCATION (City, town, or county) (State) WESTON MO.	

DATE REC'D BY LOCAL REG. 7-17-53		REGISTRAR'S SIGNATURE Elbia Ralim		25. FUNERAL DIRECTOR'S SIGNATURE VANBEN FUNERAL HOME ADDRESS WESTON, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 4 1959

VS NOV 9 1959

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

W. R. Vaughn

Licensed Embalmer No. *123*

P. O. Address *Weston, M*

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.