

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27393**
Registrar's No. **155**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6084**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Blackwater Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Blackwater Twp., 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION J.H. McNeish Clinic 12 miles south Marshall		d. STREET ADDRESS (If rural, give location) I4 miles south Marshall	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Catherine Dale b. (Middle) Stanley c. (Last) Stanley			4. DATE OF DEATH August 1, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 25, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0 Days 6	IF UNDER 24 HRS. Hours 6 Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) LaPlata, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lewis C. Dale	13b. MOTHER'S MAIDEN NAME Sara Margaret McDavitt	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ben Scott - Marshall, Mo R#1	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Supperative Appendicitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 5500	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) _____	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 19, 1953, to Aug 1st, 1953, that I last saw the deceased alive on Aug 1st 19 53, and that death occurred at 9, 20 #., from the causes and on the date stated above.

23a. SIGNATURE John McNeish MD (Degree or title)	23b. ADDRESS 2 Houstonia RFD 1	23c. DATE SIGNED Aug 1, 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY LaPlata cemetery	24d. LOCATION (City, town, or county) (State) LaPlata, Missouri
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DATE REC'D BY LOCAL REG. Aug 4-1953	REGISTRAR'S SIGNATURE Sidney F Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.
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(Licensee Embalmer's Statement on Reverse Side)

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

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

R. W. Campbell Jr.

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.