

No. 300  
10.46

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39478

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 152 PRIMARY REG. DIST. NO. 3028 Registrar's No. 229

1. PLACE OF DEATH, a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE Missouri		b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 45 yrs		c. CITY OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 Sophia St		e. STREET ADDRESS (If rural, give location) 1008 Sophia St		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) GRANVILLE			b. (Middle)			c. (Last) DALE			4. DATE OF DEATH (Month) (Day) (Year) Nov 15-1953		
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5. SEX male <u>2</u>		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 11-1871		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. teamster		10b. KIND OF BUSINESS OR INDUSTRY hauling		11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri				12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Effie Boswell Dale			
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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 Effie Dale, 1008 Sophia, Carthage, Mo			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>2/4/53</u> <u>11/15/53</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Weak Muscular Heart</u>		
	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		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) <u>493 X</u>	
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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 5/4, 1953, to 11-15, 1953, that I last saw the deceased alive on 11/14, 1953, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. E. Baker</u> (Degree or title) MD		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 11-16-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-17-53		24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
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DATE REC'D BY LOCAL REG. 11-17-53		REGISTRAR'S SIGNATURE <u>Hoyd B. Clinton MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED NOV 27 1953  
Jasper County Health Office

County File Number 53-11-945

Date Filed NOV 27 1953

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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.....  
Signature of Student Embalmer

Signed Frank W. Krell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.