

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2696

State File No.

FILED FEB 2 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **0764**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 60 days		c. CITY OR TOWN Omaha		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home				e. STREET ADDRESS (If rural, give location) 6005 N. 24th St. 8260 9									
3. NAME OF DECEASED (Type or Print)			a. (First) OLIVE		b. (Middle)		c. (Last) DALBY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26, 1888		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months 10 Days 25		11. IF UNDER 2 HRS. Hours — Min. —	
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) Omaha, Nebraska				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Fred Lavins				13b. MOTHER'S MAIDEN NAME Anna Wasserman				14. NAME OF HUSBAND OR WIFE Elmer N. Dalby					
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 Mrs. B. B. Shurtleff, Chesterfield, Mo.						ADDRESS	
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 8 Wks.	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central thrombosis.									
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ashtw sclerosis									
				DUE TO (c) Age									
				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"/>	
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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 332X							
22. I hereby certify that I attended the deceased from <u>July 1953</u>, to <u>death</u>, 19<u>54</u>, that I last saw the deceased alive on <u>1/18</u>, 19<u>54</u>, and that death occurred at <u>1/25</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <i>[Signature]</i>						23b. ADDRESS <i>[Address]</i>			23c. DATE SIGNED 1/25/54				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)					
Removal		1/25/54		Forest Lawn Cemetery				Omaha, Nebraska					
DATE REC'D BY LOCAL REG. JAN 25 1954				REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				ADDRESS <i>[Address]</i>	

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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..... *Felix Howard*

Licensed Embalmer No..... *30*

P. O. Address..... *Kulu*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.