No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10978

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 4

1082

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheldon
c. LENGTH OF STAY (In this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheldon 1082
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Cleveland
c. (Last): Dial

4. DATE OF DEATH (Month) (Day) (Year): Mar. 30 54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29 1884
9. AGE (In years last birthday): 69
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (City and State or Foreign Country): Sparta Ill
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John Dial
13b. MOTHER'S MAIDEN NAME: Ida Morris
14. NAME OF HUSBAND OR WIFE: Bertha Mayfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486 24 7220
17. INFORMANT'S SIGNATURE OR NAME: Bertha Dial
ADDRESS: Sheldon Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 mo.
DUE TO (c) Nephritis Acute — 4 weeks

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Mar 30, 1954, *that I last saw the deceased alive on* Mar 30, 1954, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: Sheldon Mo
23c. DATE SIGNED: 3-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/1 54
24c. NAME OF CEMETERY OR CREMATORY: Sheldon
24d. LOCATION (City, town, or county) (State): Sheldon Mo

DATE REC'D BY LOCAL REG. April 10 1954
REGISTRAR'S SIGNATURE: Mrs Ruth Faith
25. FUNERAL DIRECTOR'S SIGNATURE: L. Grace Breeny
ADDRESS: Sheldon Mo

330-0 (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 .....
Student Embalmer

Signed L. Gerald Berry

Licensed Embalmer No. 4203

P. O. Address Sheldon 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.