

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33306
Registrar's No. 40

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN El Dorado Springs		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN El Dorado Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION Wayside Hotel		e. STREET ADDRESS (If rural, give location) Wayside Hotel	

3. NAME OF DECEASED (Type or Print) LON	a. (First) B.	b. (Middle) DALE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 1, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) El Dorado Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME C.S. Dale	13b. MOTHER'S MAIDEN NAME Nancy Garrison	14. NAME OF HUSBAND OR WIFE Lula 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 Lula Dale El Dorado Springs,
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 to 4 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis 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)
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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?
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22. I hereby certify that I attended the deceased from 10-23, 1954, to 10-23, 1954, that I last saw the deceased alive on 10-23, 1954, and that death occurred at 10:48 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. Nagler M.D.	23b. ADDRESS Eldorado Springs, Mo.	23c. DATE SIGNED 10-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-54	24c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery	24d. LOCATION (City, town, or county) (State) El Dorado Spgs., Mo.
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DATE REC'D BY LOCAL REG. OCT. 25, 1954	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS El Dorado Spgs., Mo.
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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.....
Signature of Student Embalmer

Signed *Max W. Beckering*.....

Licensed Embalmer No. *463*

P. O. Address *El Dorado*

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.