

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36505**

FILED NOV 24 1954

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **4042** Registrar's No. **67**

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

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give town) Lutesville		c. CITY (If outside corporate limits, write RURAL and give township) LUTESVILLE	
c. LENGTH OF STAY (in this place) 53 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) DALE c. (Last) DALE			4. DATE OF DEATH (Month) (Day) (Year) 11 17-1954		
5. SEX FM		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 15-1860		9. AGE (In years last birthday) 94		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 9 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Greenville MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE CALVIN DALE	
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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 ADDRESS Symon A. Chandler Lutesville Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive pneumonia		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation		year	
		DUE TO (c) Hypertensive arthritis			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4343		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 10, 1954**, to **Nov. 17, 1954**, that I last saw the deceased alive on **Nov. 15, 1954**, and that death occurred at **8:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Everette L. Price, D.O.		23b. ADDRESS Lutesville, Mo		23c. DATE SIGNED 11-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-19-54		24c. NAME OF CEMETERY OR CREMATORY SLAYBAUGH Cem.	
24d. LOCATION (City, town, or county) (State) LUTESVILLE MO					

DATE REC'D BY LOCAL REG. Nov. 19-54		REGISTRAR'S SIGNATURE William W. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Ward Lutesville Mo	
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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
Student Embalmer

Signed

C. J. Lobry

Licensed Embalmer No. 3816

P. O. Address Cape Girardeau

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.