

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 6 1956 STANDARD CERTIFICATE OF DEATH

State File No. **1312**
Registrar's No. **203**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>203</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3426 Benton Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>3426 Benton Blvd.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARRY</u>		b. (Middle) <u>COWLES</u>		c. (Last) <u>DALE</u>	
4. DATE OF DEATH		Month <u>1</u>		Day <u>14</u>		Year <u>1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7 - 2 - 1871</u>		9. AGE (In years last birthday) <u>88 84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired meat Pkg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>receiving clerk armour & Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McMinneville, Oregon</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown to informant</u>		13b. MOTHER'S MAIDEN NAME <u>unknown to informant</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Clara Dale (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>510-05-4768</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred J Dale</u> ADDRESS <u>3426 Benton Blvd KC Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Acute Coronary Occlusion</u>		<u>1 min</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Arteriosclerosis</u>		<u>20 yr</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Cerebral heart failure</u>		<u>2 yr</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>4201</u>	
		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)		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 <u>12 - 1954</u> , to <u>1/14</u> , 1956, that I last saw the deceased alive on <u>1/13</u> , 1956, and that death occurred at <u>8:30pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Elias E. Zirul</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>4749 Prospect</u>		23c. DATE SIGNED <u>1/14/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>1-16-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Mortuary</u>		ADDRESS <u>K.C.K.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dec 1-324

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 A C Werner

Licensed Embalmer No. 2597

P. O. Address K C Kansas

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.

WERNER MORTUARY