

# STANDARD CERTIFICATE OF DEATH

28271

FILED SEP 6 1956

State File No. \_\_\_\_\_  
Registrar's No. **7495**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7495</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (in this place) <b>3 months</b>		c. CITY OR TOWN <b>COLUMBIA</b>		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 <b>FIRMIN DESLOGE HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>1 LOCAR WAY 010 51</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b>		b. (Middle) <b>NENLAND</b>		c. (Last) <b>DALY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 11 56</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>7-6-31</b>	
9. AGE (In years last birthday) <b>25</b>		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) <b>POLICEMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>HUNTSDALE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>BENJAMIN N. DALY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY GKART</b>		14. NAME OF HUSBAND OR WIFE <b>CLARA DALY (SAIN)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1950-52</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John E. Daly</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute yellow atrophy</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <b>Hemolytic serum jaundice</b>					
		DUE TO (c) <b>Splenomegaly? Phosphoritis</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Severe Burn</b>					
19a. DATE OF OPERATION <b>7/24/56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Spine dropping for Burn E 9/16/9</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>40</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5 17 1956</b>		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input checked="" type="checkbox"/> <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Explosion - Cause + mechanism could not be determined</b>			
22. I hereby certify that I attended the deceased from <b>5-22 1956</b> , to <b>8-11 1956</b> , that I last <b>SAW</b> the deceased alive on <b>8-11 1956</b> , and that death occurred at <b>5:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>F. X. Palita</b>				23b. ADDRESS <b>Monroe Theater Bldg</b>		23c. DATE SIGNED <b>9/11/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8-12-56</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 13 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker, Columbia, Mo.</b>			

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

SEP 11 1953  
SEP 5 1953

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 *Francis J. Myrtle*.....  
Licensed Embalmer No. 4512

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.