

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40422

State File No.

FILED DEC 12 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>6278</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>INRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>INRIGHT</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL (ELK CREEK)</u>		c. LENGTH OF STAY (in this place) <u>23 YRS</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL) ELK CREEK.</u>		d. STREET ADDRESS (If rural, give location) <u>N. E HARTVILLE, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOLPHIA</u>			b. (Middle) <u>Delcoir</u>		c. (Last) <u>Delcoir</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>10/18/1879</u>		9. AGE (in years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>INRIGHT, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.M.</u>			
13a. FATHER'S NAME <u>Wm. Delcoir</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Dekie</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Ward</u>		ADDRESS <u>Hartville, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Flu + Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>			
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) <u>480x</u>					
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?					
22. I hereby certify that I attended the deceased from <u>11-10</u> , 1956 to <u>11-20</u> , 1956 that I last saw the deceased alive on <u>11-19</u> , 1956, and that death occurred at <u>2:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. E. Worthen, M.D.</u>				23b. ADDRESS <u>Hartville Mo</u>		23c. DATE SIGNED <u>11-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>		24d. LOCATION (City, town, or county) (State) <u>NE Hartville Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-7-56</u>		REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dugan</u>		ADDRESS <u>Hartville, Mo</u>			

RECEIVED 12-7-52
COUNTY HEALTH DEPT.
12-10-52
Date Filed 12-10-52
County File Number 1232116

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 R. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Zion, 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.