

Health, Welfare, Public Service
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 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which pre-terse.
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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FILED APR 2-1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8223

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Stanberry			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN S. W. Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. W. Stanberry				Length of stay in lb 17 yrs		d. STREET ADDRESS (If outside, give location) S.W. Stanberry	
3. NAME OF DECEASED (Type or print) Mr. David Thomas Dalrymple						4. DATE OF DEATH Mar. 18 1957	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 16 1867	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min 0		IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Nodaway County	
13. FATHER'S NAME Ezra Dalrymple				14. MOTHER'S MAIDEN NAME unk			
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 Mr. Bert Dalrymple Stanberry, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident DUE TO (b) Arteriosclerosis DUE TO (c) unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Arteriosclerotic Cardio Vascular disease							INTERVAL BETWEEN ONSET AND DEATH 3 days, 2 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 0 Month 0 Day 0 Year 0 a. m. 0 p. m. 0							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Stanberry, Mo		COUNTY Gentry STATE MO	
21. I attended the deceased from May 1, 1955 to Mar 18, 1957 and last saw her him alive on Mar 12, 1957 Death occurred at 8:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles L. Carlin M.D.				22b. ADDRESS Stanberry, Mo		22c. DATE SIGNED 3-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/30/57	23c. NAME OF CEMETERY OR CREMATORY High Ridge		23d. LOCATION (City, town, or county) (State) Stanberry Gentry MO.		
24. FUNERAL DIRECTOR ADDRESS Phillips Mortuary			25. DATE RECD. BY LOCAL REG. 3-24-57		26. REGISTRAR'S SIGNATURE Mrs. L.W. Bare		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

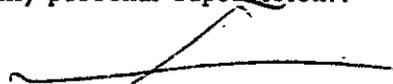
I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

~~by me, or by~~

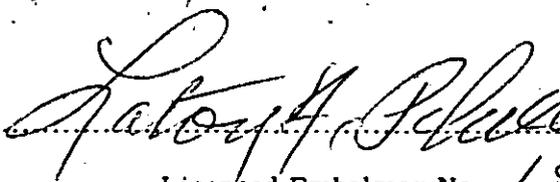
~~Student Embalmer No.~~

~~working under my personal supervision.~~

Student


Signature of Student Embalmer

Signed



Licensed Embalmer No. 11

P. O. Address Storke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.