

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040856

STATE FILE NUMBER

FILED DEC 12 1958 Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 48

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1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u> | | c. CITY OR TOWN <u>Granby</u> <u>0730</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Granby Community</u> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | |
| Length of stay in lb <u>1 wk</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Van</u> Middle Last <u>Dale</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>29</u> Year <u>1958</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 28, 1881</u> | 9. AGE (In years birthday) <u>77</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tower Operator Railroad</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Granby, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John A. Dale</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen Lake</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 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. | 17. INFORMANT <u>Mrs. Althea Hobson Granby, Mo.</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Advanced arteriolar nephro-sclerosis</u> | <u>10 months</u> |
| | DUE TO (c) <u>Arterio-sclerosis</u> | <u>1 1/2 years</u> |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>446X</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE |
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| 21. I attended the deceased from <u>5/30/57</u> to <u>11/29/58</u> and last saw her/him alive on <u>11/29/58</u> Death occurred at <u>3:15</u> P m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Deceased or title) <u>Charles O. Chestnut D.O.</u> | 22b. ADDRESS <u>Granby, Mo.</u> | 22c. DATE SIGNED <u>12/4/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-1-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u> | 23d. LOCATION (City, town, or county) (State) <u>Granby, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Floyd E. Shewmake Jr.</u> | ADDRESS <u>Granby, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec. 6, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>M. H. Young</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be only standard notations in health. No symptoms will be stated. All diseases in Part I must be causally related.

FEB 2 1959

MAR 17 1959

DEC 9 1958

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 *Floyd E. Shewmake Jr.*

Licensed Embalmer No. *4923*
P. O. Address *Box 55 Granby, 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.