Health, Welfare Public Service

300 1 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004154
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 339 Primary Registration District No. 6150 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN Advance, New Lisbon Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) rural R. # 1 Length of stay in Hospital 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Advance, New Lisbon Twp. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. # 1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Mary Middle: C. Last: Dellinger
4. DATE OF DEATH Month: Jan. Day: 15 Year: 1959
5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Feb. 7, 1875
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 11 Days 8
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Bollinger Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: D. W. Shell
13b. MOTHER'S MAIDEN NAME: Susan Collins
14. NAME OF HUSBAND OR WIFE: Edward H. Dellinger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Jess Lee Address: Advance, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Influenza
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 48/X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan 1 1959, to Jan. 15 1959 and last saw her/him alive on Jan 12, 1959
Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E. C. Mathis (Degree or title) DO.
22b. ADDRESS Advance Mo.
22c. DATE SIGNED Jan. 16, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/18/59
23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park
23d. LOCATION (City, town, or county) Advance, (State) Missouri
24. FUNERAL DIRECTOR Wm H. Morgan ADDRESS Advance, Mo.
25. DATE RECD. BY LOCAL REG. 1/23/59
26. REGISTRAR'S SIGNATURE Pearl Pruet
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Wm H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, N

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.