

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-041655**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 200

AMENDED

**FILED NOV 20 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe</b>		Length of stay in 1b <b>3 yrs.</b>	c. CITY OR TOWN <b>Chillicothe</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chillicothe hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>437 Cherry</b>
3. NAME OF DECEASED (Type or print) First <b>CARL</b> Middle <b>LOUIS</b> Last <b>DALH</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>13,</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/12/80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Postal Dept.</b>	9. AGE (last birthday) <b>81</b>
13a. FATHER'S NAME <b>Carl L. Dalh Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Rosenquist</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Mildred Dalh, Chillicothe, Mo.</b>	17. ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Spontaneous Pneumothorax left</b> DUE TO (b) <b>Injury to chest wall by auto seat when leaving over same.</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <b>Chr. Emphysema and bronchitis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>In leaning over seat of car, spontaneous pneumothorax ruptured due to pressure.</b>	
20c. TIME OF INJURY Hour <b>5-00</b> p.m. Month, Day, Year <b>11-8-61</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on Public Highway</b>	20f. CITY, TOWN, OR LOCATION <b>St. Clair</b>	COUNTY <b>Ohio.</b> STATE
21. I attended the deceased from <b>10-23-59</b> to <b>11-13-61</b> and last saw him alive on <b>11-13-61</b> Death occurred at <b>10:30A</b> am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. M. Dowell, M.D.</b>		22b. ADDRESS <b>Chillicothe MO</b>	22c. DATE SIGNED <b>11-14-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 17, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wheeling cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wheeling, Mo.</b>
24. FUNERAL DIRECTOR <b>Donald Gordon, Chillicothe, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 14, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>

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**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

*Richard H. Bandal*

Licensed Embalmer No. 48166

P. O. Address

*Chillicothe,*

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.