

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044221

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 28 Primary Registration District No. 200 Registrar's No. 1338

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b	c. CITY OR TOWN SPRINGFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1542 S. Roanoke		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1542 S. Roanoke
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARVIN Middle A. Last DALE			4. DATE OF DEATH Month December Day 30 Year 1961		
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 6 March 1911	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) St. Paul, Minnesota	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Christian Dale	13b. MOTHER'S MAIDEN NAME Ida Van	14. NAME OF HUSBAND OR WIFE Flora Dale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WV2	17. INFORMANT Flora Dale (Wife) Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 30 min
IMMEDIATE CAUSE (a) Myocardial infarction recurrent		
DUE TO (b) Believed to be Heart Disease		
DUE TO (c) Previous infarction		1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Meniere's syndrome severe		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year			

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 SPRINGFIELD	COUNTY Missouri	STATE
21. I attended the deceased from 12-21-60 to 12/30/61 and last saw him alive on 12-22-61		Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Carl R. Turner MD (Degree or title)		22b. ADDRESS 600 S. Glenstone	22c. DATE SIGNED 1-2-62
		SPRINGFIELD	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-2-62	23c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK	23d. LOCATION (City, town, or county) (State) GREENE CO., MO.

24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 4, 1962	26. REGISTRAR'S SIGNATURE Offie E. Maltin
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Jhc

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 8 1962

JAN 9 1962

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 John Blumner

Licensed Embalmer No. 5102

P. O. Address Spfld 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.