

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003012

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 40

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>815 East 6th Street Sedalia</b>		Length of stay in lb <b>59 years</b>	d. STREET ADDRESS (If outside, give location) <b>815 East 6th Street</b>
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MOLLIE</b> Middle <b>JANE</b> Last <b>DALE</b>	4. DATE OF DEATH Month <b>January</b> Day <b>24</b> Year <b>1962</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-3-1875</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Texas</b>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <b>Robert Coffee</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Charles W. Dale</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>Not given</b>	17. INFORMANT Address <b>Robert Dale, Sedalia, Missouri</b>
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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) <b>Arteriosclerotic Heart Disease 4 hrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b># 18 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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 <b>Sedalia Mo</b>	COUNTY <b>Pettis</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **Dec 61** to **Jan 24 62** and last saw her alive on **Jan 18 62**  
Death occurred at **11:55 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>David B. Edwards MD</b> (Degree or title)	22b. ADDRESS <b>Sedalia Mo</b>	22c. DATE SIGNED <b>1/26/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 26, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>D. W. HECKART, Gillespie Funeral Home Sedalia, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 27. 1962</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 E. Farmer Jr

Licensed Embalmer No. 5173

P. O. Address Seebalds 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.