

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19031

Do not use this space.

1. PLACE OF DEATH

(a) County Monteauer ✓ Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335
 (c) City California or (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Dale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24-1844</u>		
7. AGE YEARS <u>95</u>	MONTHS <u>9</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper Co., Mo.</u>
	13. NAME <u>Robert Dale</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	15. MAIDEN NAME <u>Olivia Cox</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
17. INFORMANT (ADDRESS) <u>Margaret Strother</u> <u>California Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Tenn</u> DATE <u>8/15</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. H. Lewis & Friedman</u> <u>California Mo</u>	
20. FILED <u>5-14-</u> 19 <u>40</u> <u>H. R. Popejoy</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 13</u> , 19 <u>40</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 27</u> , 19 <u>39</u> , to <u>May 13</u> , 19 <u>40</u>	
I last saw him alive on <u>May 7</u> , 19 <u>40</u> . Death is said to have occurred on the date stated above, at <u>10 A.</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Chronic Cardio-vascular disease</u>	Date of onset <u>1936</u>
Other contributory causes of importance: <u>none</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>no</u>	
(Signed) <u>E. A. Tibbs</u> , M. D.	
(Address) <u>California Mo.</u>	

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed H. E. Friedmeyer

Licensed Embalmer No. 285-4

P. O. Address California 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 this body is not embalmed, above space should be left blank.