

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2060**

No. 300
10.48

FILED JAN 9 1956

REG. DIST. NO. **224**

PRIMARY REG. DIST. NO. **3046**

Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY OR TOWN California Walker		c. CITY OR TOWN Jamestown	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) W 681	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) STEVEN	c. (Last) DALE	4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17 - 1898	9. AGE (In years last birthday) 67	10 UNDER 1 YEAR Months 6 Days 16 Hours 16 Min.	11. BIRTHPLACE (City and State or Foreign Country) Craigton Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Mat. Dale	13b. MOTHER'S MAIDEN NAME Matilda Cox	14. NAME OF HUSBAND OR WIFE Zella Snow Dale
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No.	17. INFORMANT'S SIGNATURE OR NAME Zella Snow Dale	ADDRESS Jamestown Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 Minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		2 years
	ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4261			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 18, 1953**, to **Jan 3, 1956**, that I last saw the deceased alive on **Jan 1, 1956**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kennyon Latham M.D.	23b. ADDRESS California, Mo.	23c. DATE SIGNED 1-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-1956	24c. NAME OF CEMETERY OR CREMATORY Garden City Cem.	24d. LOCATION (City, town, or county) (State) Garden City Mo.
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DATE REC'D BY LOCAL REG. 1/6/56	REGISTRAR'S SIGNATURE N.L. Pappas	25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. William	ADDRESS California Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9561 2 E MAY

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 *Hugh E. Williams*.....

Licensed Embalmer No. *3537*

P. O. Address *California*.....

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.