

No. 300
10. 48

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9694
State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>	
c. LENGTH OF RESIDENCE (In this place) <u>79 years</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles NW Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles NW Richmond</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lulu</u>	b. (Middle) <u>T. Ma</u>	c. (Last) <u>Dale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 26, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William P. Keyes</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Willis G. Dale</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.M. Dale, Richmond, Missouri</u>	ADDRESS <u></u>
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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 <u>5 yrs.</u> <u>7 yrs.</u> <u>443X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 3/2, 1951, to 3/15, 1951, that I last saw the deceased alive on 3/15, 1951, and that death occurred at 12:35 AM from the causes and on the date stated above.

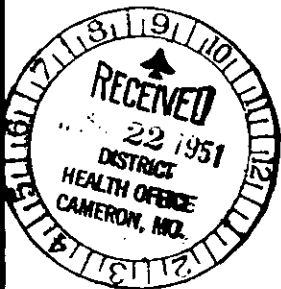
23a. SIGNATURE (Degree or title) <u>Dr. E. J. Renner A.B. D.O.</u>	23b. ADDRESS <u>Richmond, Mo</u>	23c. DATE SIGNED <u>3/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Todd's Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 20-1951</u>	REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	273	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guest-Life Funeral Home</u>	ADDRESS <u>Richmond, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *4866*

P. O. Address *[Signature]*

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, fact should be so stated above.