

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21247

State File No.

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0680</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi n-e. McShick Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Wm</u> c. (Last) <u>Dalstein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 13</u>		9. AGE (In years last birthday) <u>39</u> if UNDER 1 YEAR Months <u>0</u> Days <u>1</u> if UNDER 2 HRS. Hours <u>1</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Moniteau Co.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John Dalstein</u>			13b. MOTHER'S MAIDEN NAME <u>Herritt Beute</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Dalstein</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Dalstein</u>				ADDRESS <u>Centerton Mo.</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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury to chest and abdomen</u>						<u>Instantaneous</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ran over by tractor</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121</u> <u>3</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>McShick</u>		(COUNTY) <u>Moniteau</u>		(STATE) <u>MO.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14 1952 8 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Run over by tractor on farm</u>					
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22. I hereby certify that I attended the deceased from dead when seen, 1952, that I last saw the deceased alive on 8 A.M., 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kerron Latham</u> (Degree or title) <u>M.D. Coroner</u>			23b. ADDRESS <u>California, Mo.</u>			23c. DATE SIGNED <u>6-17-52</u>		
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salvus Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Moniteau Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-20-52</u>		REGISTRAR'S SIGNATURE <u>W. R. Popyoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thugh to Hillier</u>		ADDRESS <u>California Mo.</u>	
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(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD W 0680

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Hugh E. Williams

Signed.....

Student Embalmer

Licensed Embalmer No. 3537

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, fact should be so stated above.