

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42906

State File No. _____

No. 300
10.48

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

JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4351 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BARNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BARNETT</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>BARNETT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNETT</u>		e. STREET ADDRESS (If rural, give location) <u>BARNETT</u>	

3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>HENRY</u> c. (Last) <u>Dilse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-28-1952</u>		
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>29-Dec-1868</u>		9. AGE (In years less birthday) <u>84</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Switch-Board</u>	
11. BIRTHPLACE (State or foreign country) <u>Cooper-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Charles-Dilse</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-ANN-YORK</u>		14. NAME OF MARRIED OR WIFE <u>Ida-Dilse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida-Dilse</u> ADDRESS <u>BARNETT MO</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>SENILITY</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>4 yrs</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	

22. I hereby certify that I attended the deceased from 5-18, 1946 to 12-28, 1952 that I last saw the deceased alive on 12-28, 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.F. Burkholder</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Eldon Mo.</u>		23c. DATE SIGNED <u>12-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>30 Dec 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic-Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>CHARLESBURG - MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u> ADDRESS <u>Eldon Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec 29-1952</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u> ADDRESS <u>Eldon Mo</u>	

Per Order of Kidwell, Registrar

JAN 8 1959

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Udon 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.